

2001 UNIFORM BUSINESS REPORT (UBR)

0018162 AF

DOCUMENT # L99000009294

1. Entity Name

DENEB, LLC

Principal Place of Business

Mailing Address

9625 ALONZO ROAD
RIVERVIEW FL 33569

PO BOX 76009
TAMPA FL 33675-6009

FILED

01 MAR 14 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3618847

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS JR, TRACY J
9625 ALONZO ROAD
RIVERVIEW FL 33569

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
HARRIS, TRACY J JR
701 INDIANA AVE.
PALM HARBOR FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR MEM ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
KEARNEY, BING
911 SEDDON COVE
TAMPA FL 33602 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR MEM ☒ Change ☐ Addition
100003891451--0
-03/21/01--0116--011
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

813-621-7454

Daytime Phone #

Tracy J. Harris, Jr.

CR2E083 (11/00)