## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M05000006333

1. Entity Name DENHOLTZ HOLDINGS LLC



## **FILED** Feb 25, 2008 8:00 am Secretary of State 02-25-2008 90138 010 \*\*\*138.75

! !				7
Principal Place of Business 1600 ST. GEORGES AVE. RAHWAY, NJ 07065		Mailing Address 1600 ST. GEORGES AVE. RAHWAY, NJ 07065		
				L ITALIAN I IL BOTEL BURK CONFIDENTI DENN BONK BENN BURK HIND HIND HIND TIL GET
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01032008 Chg-LLC CR2E083 (12/06)
City & State		City & State		4. FEI Number Applied For
Žip	Country	Zip	Country	20-3764984 Not Applicable  5. Certificate of Status Desired   \$5.00 Additional
	6. Name and Address of Current	Registered Agent	1	7. Name and Address of New Registered Agent
NATIONAL	DECISTEDED ACENTS INC		Name	
NATIONAL REGISTERED AGENTS, INC 2731 EXECUTIVE PARK DRIVE, SUITE WESTON, FL 33331			Street Addre	ss (P.O. Box Number is Not Acceptable)
WESTON, TE 33331				
			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 Fiorida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  Make check payable to Florida Department of S				
9.	MANAGING MEMBI		10.	ADDITIONS/CHANGES
TITLE NAME	MGRM JAFFE, MIKE	Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	1600 ST. GEORGES AVE.		STREET ADDRESS	
CITY-ST-ZIP	RAHWAY, NJ 07065		CITY-ST-ZIP	
NAME	DENMOLTZ, STEVEN	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	1600 ST GEORGE AVE		STREET ADDRESS	
CITY-ST-ZIP	RAHWAY, NJ 07065	☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME		□ Delete	NAME	Change Aubitton
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	. Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY - ST - ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 DEG DByLINE PRODE 9				