

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000000760

1. Entity Name
DESTINATION DAYTONA, LLC



Principal Place of Business
444 SEABREEZE BLVD
SUITE 900
DAYTONA BEACH, FL 32118

Mailing Address
444 SEABREEZE BLVD
SUITE 900
DAYTONA BEACH, FL 32118



03242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1169187

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOD, CHARLES D JR
444 SEABREEZE BLVD., STE. 900
DAYTONA BEACH, FL 32118

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IN THIS SPACE**

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. 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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HOOD, CHARLES D JR
STREET ADDRESS 444 SEABREEZE BLVD., STE. 900
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE MGR
NAME STRASSER, CHARLES L
STREET ADDRESS 1030 N US HWY 1
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE MGR
NAME ROSSMEYER, BRUCE O
STREET ADDRESS 1637 N. US HIGHWAY 1
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UG00000977911
04/14/08-80033-013 138.75

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/28/08