

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002241

1. Entity Name
RESORT LAUNDRY SERVICES, L.L.C.

Principal Place of Business
321 HIGHWAY 98 EAST
DESTIN FL 32541

Mailing Address
321 HIGHWAY 98 EAST
DESTIN FL 32541

2. Principal Place of Business
40 HILL AVENUE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
FT. WALTON BEACH
Zip
32548
Country
OKLAHOMA

City & State
Zip
Country

4. FEI Number
59-3634248

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHESSER, D. MICHAEL
1201 EGLIN PARKWAY
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

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

D. Michael Chesser
(NOTE: Registered Agent signature required when reinstating)

1/9/01
DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
mgr
Destin Resorts
321 Hwy 98 E
Destin, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
mgr
Destin Resorts

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
member
ANCHORS REALTY
1631 OLD HWY 98
Destin, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
member
DUNE AREA REALTY
5200 W. SEMINOLE HWY C 30 A
SANTA ROSA BEACH, FL 32559

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

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

Daytime Phone #

01.09.01 850.654.4747

01 FEB 21 PM 2:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)

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