

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 13, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L00000002241**

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



Principal Place of Business  
40 HILL AVENUE  
FT. WALTON BEACH, FL 32548

Mailing Address  
321 HIGHWAY 98 EAST  
DESTIN, FL 32541



01112005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
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 reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	DESTIN RESORTS
STREET ADDRESS	321 HWY 98 EAST
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MEM
NAME	ANCHORS REALTY
STREET ADDRESS	163120 HWY 98
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MEM
NAME	DUNE ALLEN REALTY
STREET ADDRESS	5200 W. SENIC HWY C 30 A
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000000000  
04/13/05-80102-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #