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DOCUMENT # 1. Entity Name	: L000000154	410 سر	ار الله الله الله الله الله الله الله ال	الطيير.	e e gran in		
DESTIN COMMISSARY LLC					FILED		
Principal Place of Business Mailing Address 01					JUN 27 AM 8:47		
SECRI					ETARY OF STATE HASSEE, FLORIDA		
Destin, FL	32541			IALLA	HASSEE, FLORIDA		
3÷1 and of Business		3. Mailing Address	. 41.		23/4		
3011 DEFEMERAL COURT PAWY 2		2290 Germantaul KdS					
		Şuite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE	
City & State		City & State		4. FEI Number			
Destin, -		Germantaun			59-368 1903	Not	Applicable
32541	USA	38138	Country	-	5. Certificate of Status Desired	\$5.00 Addit Fee Required	
0//~/	d Address of Current Re	gistered Agent			7. Name and Address of New Registe	red Agent	
15 15	a para di manana di para	·	Name	-Wa		<u>Z</u>	
	******	, i	1 3	611	P.O. Box Number is Not Accepta COU	ist Pku	UY
(74)	_			- '''	A Cinerato	· .	
		325 <u>41-</u>		n a	5.1.0	FL ZigCode	-(1)
O. The above and antitude	harita this statement for the	a suresee of shanning its	registered office o	L)CE	<u> </u>	- JA:	<u> 291</u>
8. The above named entity s	this statement for th	e pornose of changing its	registered office o	riegister	ed agent, or both, in the State of Florida.	1 -1	
SIGNATURE	rinted name of registered agent and t	CAL-	E: Registered Agent signa	turo required	when reinstation)	<u>/2//5/</u>	
Signature, typed or p	militad marrie or registered agent and r	inie (gaphicable)	The state of the s				
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9.	MANAGING MEMBERS		10.	1	ADDITIONS/CHAN		Addition
	n, pet er m Taylor	☐ Delete	TITLE NAME	ŀ		☐ Change	☐ Addition
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STREET ADDRESS 30112 Emerald Loasi Pluy			STREET ADDRESS		-07/13/01-	0108300	01
CITY-ST-ZIP-	IN, FC 325	341-	CITY-ST-ZIP :		*****50。[) <u>() </u>	
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STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	,	to entropy and the second	CITY-ST-ZIP		option 110 07/9V/3 Florida Chabitan 15 inth-	y certify that the ini	
I indicated on this report is	s true and accurate and tha	at my signature shall have.	the same legal effe	ectasıtır	ection 119.07(3)(i), Florida Statutes. I furthen ade under oath; that I am a managing meter 608. Elected Statutes.	amber or manager	of the
limited liability company	or the receiver or trustee er	ripowered to execute this	report as required	by Criapi	ier oud, Flurida Statutes.		
SICNATURE:	Wh -	1/	HIIIII	1-12	ATILY/ 15/61	90) 75U-	SSYO
SIGNATURE:	TYPED OR PRINTED NAME OF S	GNING MANAGING MEMBER MA	NAGER OR AUTHORIZE	D REPRESE	NTATIVE Date	Daytime Phone #	

CR2E083,(11/00)

2001 UNIFORM BUSINESS REPORT (UBR)