

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000005056**

1. Entity Name

**S. S. Minnow OF DESTIN HARBOR L.C.**



**FILED**  
03 JUN -9 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**111 YACHT CLUB DR.**

Suite, Apt. #, etc.

3. Mailing Address

**111 YACHT CLUB DR.**

Suite, Apt. #, etc.

City & State

**FT. WALTON BEACH FL**

City & State

Zip  
**32548**

Country  
**US**

Zip

Country

03/31/03 90008 034 \$150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

**04-3757374**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**G. Glenn Shelley**

Street Address (P.O. Box Number is Not Acceptable)

**111 YACHT CLUB DR.**

City

**Ft Walton Beach FL**

Zip Code

**32548**

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.

DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGRM	SHELLEY, G. Glenn	111 YACHT CLUB DR.	FT. WALTON BEACH, FL				

**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)(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:

*[Handwritten Signature]*

**6-503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)