

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90583 038 *****50.00

0075618

DOCUMENT # L01000009018

1. Entity Name

DOWN EAST, LLC



Principal Place of Business

5597 HIGHWAY 98
SUITE 202 CANAL CENTER
SANTA ROSA BEACH FL 32459

Mailing Address

5597 HIGHWAY 98
SUITE 202 CANAL CENTER
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

114 Logan Lane

3. Mailing Address

114 Logan Lane

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

Suite 3

City & State

Santa Rosa Beach FL

City & State

Santa Rosa Beach FL

Zip

32459

Country

Walton

Zip

32459

Country

Walton



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1146795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYDOLPH, PAUL III

~~4812 HWY 98~~

~~SUITE 5~~

SANTA ROSA BEACH FL 32459

P.O. Drawer 1609
2441 U.S. Highway 98E
Suite 108

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. 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete

MGRM
HARALSON, HERBERT L
8710 ANCHORAGE BLVD
DESTIN FL 32550

TITLE NAME ☐ Delete

MGRM
HARALSON, JASON
3035 THE OAKS
DESTIN FL 32550

TITLE NAME ☒ Delete

MGRM
OUSLEY, CORBIN
113 TRISTA TERRACE CT.
DESTIN FL 32541

TITLE NAME ☐ Delete

Raymond Jackson
202 Beall Lane
Daphne, AL 36526

TITLE NAME ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition

F114 Logan Lane, Suite 3
Santa Rosa Beach FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

850-
4-15-03 534-0499

CR2E083 (10/02)