

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FILED

02 NOV 21 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000010721

Name and Mailing Address

0009606 01 FP 0.352 \*\*PRSRT H3 0 0615 32541-573276



STERLING INVESTORS OF DESTIN, L.L.C.  
36008 EMERALD COAST PKWY., STE. 301  
DESTIN FL 32541-5732



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

07/03/2001

Principal Place of Business

36008 EMERALD COAST PKWY., STE. 301  
DESTIN FL 32541

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

59-372 9637

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

MCGILL, ROBERT E III  
36008 EMERALD COAST PKWY., STE. 301  
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name

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

600008833346

11/06/02--01098--007 \*\*155.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Date

10/30/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	GRADY L. ELDER III	69 COUNTRY CLUB DR. E	DESTIN, FL. 32541
"	GRADY L. ELDER		
"	CHARLES DOUGLAS AARON	3194 HWY 379	RUSSELL SPRINGS, KY 42642
"	DALE E. PETERSON	321 HWY 98 EAST	DESTIN, FL. 32541
"	RON W. TURNER	1008 SHINOE RD	LEXINGTON KY. 40502
"	STEPHEN P. BRANSCUM	P.O. Box 559	RUSSELL SPRINGS KY 42642

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Date

Daytime Phone #

850-837-2221

Typed or printed name of signing Managing Member/Manager

GRADY L. ELDER III