

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000004470

1. Entity Name
DESTINO, L.L.C.



Principal Place of Business

1001 BRICKELL BAY DR
STE 1400
MIAMI, FL 33131

Mailing Address

1001 BRICKELL BAY DR
STE 1400
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
37-1423849

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSEN, BORIS
1001 BRICKELL BAY DR, STE 1400
MIAMI, FL 33131

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
LULITOM, INC.
1001 BRICKELL BAY DR, STE 1400
MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
MOSNER, LEON
1001 BRICKELL BAY DR, STE 1400
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000853960
03/26/08-80088-016 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

Leon Mosner

✓ 2-27-08