

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90030 026 ****50.00

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DOCUMENT # L02000010266

1. Entity Name

COASTAL HOMES OF DESTIN, LLC



Principal Place of Business

**4550 SOUTHWINDS DR.
4549-4550 SOUTHWINDS II
DESTIN FL 32541**

Mailing Address

**4550 SOUTHWINDS DR.
4549-4550 SOUTHWINDS II
DESTIN FL 32541**

2. Principal Place of Business

4550 SOUTHWINDS DR.

Suite, Apt. #, etc.

4549-4550 SOUTHWINDS II

3. Mailing Address

P. O. BOX 1007

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

SHELBYVILLE, TN

Zip

32541

Country

Zip

37162

Country

4. FEI Number

75-3052992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HOWARD, DAVID L.
4550 SOUTHWINDS DR.
4549-4550 SOUTHWINDS II
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name
DAVID L. HOWARD

Street Address (P.O. Box Number is Not Acceptable)
4550 SOUTHWINDS DR.

4549-4550 SOUTHWINDS, II

City
DESTIN

FL

Zip Code
32541

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]
Signature (typed or printed name of registered agent, and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/03

**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
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAVID L. HOWARD
4550 SOUTHWINDS DR.
DESTIN, FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)