

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2003 8:00 am
Secretary of State

09-26-2003 90005 017 *****50.00

DOCUMENT # L02000012604

1. Entity Name

ISLANDER PRODUCTS, LLC



Principal Place of Business

**18 NORRIEGO ROAD
DESTIN FL 32541**

Mailing Address

**18 NORRIEGO ROAD
DESTIN FL 32541**

2. Principal Place of Business

91 CAYMAN COVE

3. Mailing Address

91 CAYMAN COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

DESTIN, FL

Zip

32541

Country

USA

Zip

32541

Country

USA

4. FEI Number

48-1260886

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

**KILPATRICK, WILLIAM G JR
1201 EGLIN PARKWAY
SHALIMAR FL 32579**

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGING MEMBER <input type="checkbox"/> Delete
NAME	DANIEL BURNS
STREET ADDRESS	91 CAYMAN COVE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	CHIEF OPERATING OFFICER <input type="checkbox"/> Delete
NAME	LINDA BURNS (WAS FORTIER)
STREET ADDRESS	91 CAYMAN COVE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	V.P. OF SALES <input checked="" type="checkbox"/> Delete
NAME	DARRELL STEFFANINI
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED DANIEL H. BURNS

9/24/03

(850) 375-5553

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

Date

Daytime Phone #

CR2E083 (4/03)