

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 JAN 27 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000020526

1. Entity Name
CENTRAL BOOKING, LLC



Principal Place of Business

211 G MAIN STREET
DESTIN FL 32541

Mailing Address

PO BOX 262
DESTIN FL 32541

2. Principal Place of Business

178 Lola Circle

3. Mailing Address

178 Lola Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL 32541

Zip

32541

Country

OKaloosa

Zip

32541

Country

OKaloosa

4. FEI Number

06-1640148

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

LANGLEY, MISTY
801 WILD OAK AVE.
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Melissa Blackburn

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

178 Lola Circle

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

Melissa Blackburn

1/17/03

Signature, typed or printed name of registered agent, 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
STREET ADDRESS
CITY-ST-ZIP
Langley, Misty
801 Wild Oak Ave.
Destin, FL 32541
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Melissa Blackburn
178 Lola Circle
Destin, FL 32541
☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700009290117
12/09/02--01083--029 **25.00
FF \$50.00
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700009290117
01/09/03--01002--011 **25.00
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Melissa Blackburn

01/16/03

850-259-3826

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

Date

Daytime Phone #

CR2E083 (10/02)

0048696