

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90041 004 ****50.00

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DOCUMENT # L02000035172

1. Entity Name

OUTSTANDING DESTINY LLC



Principal Place of Business

1106 HARBOR LANE
GULF BREEZE FL 32563

Mailing Address

1333 COLLEGE PKWY. PMB #173
GULF BREEZE FL 32563

2. Principal Place of Business

#13 HILLBROOK

Suite, Apt. #, etc.
(4500 9TH AVE)

3. Mailing Address

4771 BAYOU BLVD

Suite, Apt. #, etc.
PMB # 335

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip

32503

Country

US

Zip

32503

Country

USA

☒ CHECK HERE IF MAKING CHANGES

ADDRESS CHANGES

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVERIO, MANUEL
4400 BAYOU BLVD., STE. 16-C
PENSACOLA FL 32503

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 **MANAGER/MEMBER** ☐ Delete
NAME **MARGARITA ZINGG**
STREET ADDRESS **4771 BAYOU BLVD PMB 335**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **MEMBER** ☐ Delete
NAME **LEOPOLDO RODRIGUEZ**
STREET ADDRESS **4771 BAYOU BLVD PMB 335**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MARGARITA ZINGG REQUIRED

08/02/2003

(888) 888-5216

CR2E083 (4/03)