

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90050 037 ****50.00

DOCUMENT # L03000003073

1. Entity Name

DESTIN WEST MARINA, LLC



Principal Place of Business

1500 MIRACLE STRIP PARKWAY SE
FORT WALTON BEACH, FL 32548

Mailing Address

1500 MIRACLE STRIP PARKWAY SE
FORT WALTON BEACH, FL 32548

60040038



04272006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

55-0821265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALVATORI & WOOD, P.L.
4001 TAMiami TRAIL N
NAPLES, FL 34103

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TOLBERT, MR. FRED E III
STREET ADDRESS	1500 MIRACLE STRIP PARKWAY SE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548

TITLE	
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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

FRED E TOLBERT III 4/27/06 850-243-9161

Date

Daytime Phone #