| (Re                                     | questor's Name)   |             |  |  |  |
|---|-------------------|-------------|--|--|--|
| (Address)                               |                   |             |  |  |  |
| (Ad                                     | dress)            |             |  |  |  |
| (City                                   | y/State/Zip/Phone | e #)        |  |  |  |
| PICK-UP                                 | WAIT              | MAIL.       |  |  |  |
| (Bu:                                    | siness Entity Nar | me)         |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
| Certified Copies                        | Certificates      | s of Status |  |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |  |
| •                                       |                   |             |  |  |  |
|   |                   |             |  |  |  |
|   |                   | ·           |  |  |  |
| ***                                     |                   |             |  |  |  |

Office Use Only



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G. MCLEOD

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**EXAMINER** 

### **COVER LETTER**

| TO:           | Registration Section Division of Corporations |                                    |                    |                                     |  |
|---------------|---|------------------------------------|--------------------|-------------------------------------|--|
| SUBJ          | ECT:  | Destination Properties, L          |                    |                                     |  |
|               |   | (Name of Limited                   | Liability Cor      | npany)                              |  |
| The enfiling. | nclosed                                       | I member, managing member or ma    | anager resig       | nation and fee(s) are submitted for |  |
| Please        | return  | all correspondence concerning thi  | s matter to:       |                                     |  |
| Dian          | a D.  | Carli                              |                    | _                                   |  |
|               |   | (Contact Person)                   |                    | _                                   |  |
| Law           | Offic   | es of Diana D. Carli, PA           |                    | -                                   |  |
|               |   | (Firm/Company)                     |                    |                                     |  |
| 4012          | 2 Cor   | nmons Drive West, Ste 10           | 04                 | _                                   |  |
|               |   | (Address)                          |                    |                                     |  |
| Dest          | in, F   | L 32541                            |                    | _                                   |  |
|               |   | (City/State and Zip Code)          |                    | _                                   |  |
| For fu        | rther in                                      | nformation concerning this matter, | please call:       |                                     |  |
| Dian          | a D.  | Carli a                            | <sub>t (</sub> 850 | , 337-1370                          |  |
|               | (N  | ame of Contact Person)             | (Area Code         | & Daytime Telephone Number)         |  |
| Enclos        | sed nle                                       | ase find a check made payable to t | he Florida [       | Department of State for:            |  |
| Lifelos       | sed pie                                       | \$25 Filing Fee                    |                    | \$55 Filing Fee &                   |  |
|               |   | <b>1</b> 424 3 1111 <b>8</b> 2 11  |                    | Certified Copy                      |  |
| STRE          | ET/C  | OURIER ADDRESS:                    |                    | MAILING ADDRESS:                    |  |
| _             |   | Section                            |                    | Registration Section                |  |
|               |   | Corporations                       |                    | Division of Corporations            |  |
| Clifton       |   | •                                  |                    | P.O. Box 6327                       |  |
|               |   | ive Center Circle<br>Florida 32301 |                    | Tallahassee, Florida 32314          |  |

CR2E079 (5/06)



### FILED SECRETARY OF STATE DIVISION OF CORPORATION

08 FEB -5 PH 12: 02

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

|  | limited liability company as stination Properties, I | = -                           | f the Florida Department |
|--|--|-------------------------------|--------------------------|
| 2. This limited liab                     | ility company was organized                          | l under the laws of:          |                          |
| 3. The Florida doct<br>L03000060         | ument/registration number of<br>058                  | f this limited liability comp | any is:                  |
| <sub>4. I,</sub> Toby S. M               | iles   | , hereby resign as a          | <b>IGRM</b>              |
|  | ame of Person Resigning)                             |                               | (Print Title)            |
| of this limited lia<br>resignation in wr | bility company and affirm th                         | e limited liability company   | has been notified of my  |
| Signature of Res                         | gning Member, Managing N                             | Member or Manager             |                          |
| Filing Fee:                              | \$25.00 (Required)                                   |                               |                          |
| Certified Copy:                          | \$30.00 (Optional)                                   |                               |                          |

Destination Properties, LLC Attn: Philip and Denise Miles 42 Preston Path Santa Rosa Beach, FL 32459

January 25, 2008

Dear Mr and Mrs Miles,

Please find attached a copy of my resignation as Managing Member of Destination Properties, LLC, which I intended to file immediately with the Florida Department of State, Division of Corporations.

Sincerely,

Toby S. Miles

### **Acceptance of Resignation**

We, the undersigned Members of Destination Properties, LLC, hereby accept the resignation of Toby S. Miles as the Managing Member of Destination Properties, LLC. We further state that we are the only other members of Destination Properties, LLC.

Phillip D. Miles

C. D. Miles