2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/2

FILED
Oct 01, 2004 8:00 am
Secretary of State
08-24-2004 90047 007 ****50.00

DOCUMENT # L03000027988

1. Entity Name
FROCK CANDY DESTIN, L.L.C.

34010643

Principal Place of Business	Mailing Address
1281 N. CAUSEWAY BLVD. MANDEVILLE, LA 70471	1281 N. CAUSEWAY BLVD. MANDEVILLE, LA 70471

2. Principal Place of Business	3. Mailing Address
4326 Legendary Dr State, Apt #, etc. C-102 City & State Destin, FL Zip 32541 County USA	Same State, Apt #, etc. City & State Zip County USA

08172004 Chg-LLC CR2E060 (10/03)

4. FEI Number 50-238-6788 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROBINS, RENEE 1281 N. CAUSEWAY BLVD. MANDEVILLE, LA 70471	☐ Delete		☐ Add/Name
		☐ Delete	Manager Melissa Robins 4326 Legendary Dr #C102 Destin, FL 32541	☐ Change ☒ Add/Name
		☐ Delete		☐ Change ☐ Add/Name
		☐ Delete		☐ Change ☐ Add/Name
		☐ Delete		☐ Change ☐ Add/Name
		☐ Delete		☐ Change ☐ Add/Name

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, trustee or other court-appointed fiduciary directed or authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: _____ 8/17/04 504-957-7767

SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — DAYTIME PHONE #