

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

03-22-2007 90177 027 ****50.00

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DOCUMENT # L03000036263

1. Entity Name
DESTINY INVESTMENTS LLC



Principal Place of Business
**950 BAY DR
NICEVILLE, FL 32578 US**

Mailing Address
**P.O. BOX 5188
NICEVILLE, FL 32578 US**

30003941



01182007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2405434

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROOKS, JEAN
4029 PARADISE LES
NICEVILLE, FL 32578**

Jean Brooks
950 Bay Dr.
Niceville FL 32578

**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

Jean Brooks

3/20/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retreating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
BROOKS, JEAN
950 BAY DR.
NICEVILLE, FL 32578**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SHANKLIN, THOMAS E
1056 LAKE WAY DR.
NICEVILLE, FL 32578**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
KIRBABS, GREGORY
1104 GLENROSE ST.
SMYRNA, GA 30080**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
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 606, Florida Statutes.

SIGNATURE:

Jean Brooks *3/20/07*

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

Date

Daytime Phone #