

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000064864

Entity Name: DESTINY GROUP, LLC

FILED
Jun 26, 2006
Secretary of State

Current Principal Place of Business:

96 WHITEHALL DRIVE
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 353847
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 20-2894241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VIERA, ERIK
96 WHITEHALL DRIVE
PALM COAST, FL 32164 US

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.

SIGNATURE: ERIK VIERA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VIERA, ERIK
Address: 96 WHITEHALL DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: MGRM () Delete
Name: ALFARO, GERADO
Address: P.O. BOX 353847
City-St-Zip: PALM COAST, FL 32135

Title: MGRM () Delete
Name: GIMENEZ, VICTOR
Address: P.O. BOX 353847
City-St-Zip: PALM COAST, FL 32135

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ERIK VIERA

MGRM

06/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date