

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054718

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: A & O HOLDINGS OF DESTIN III, L.L.C.

**Current Principal Place of Business:**

1785 SCENIC GULF DR  
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

1785 SCENIC GULF DR  
DESTIN, FL 32550

**New Mailing Address:**

FEI Number: 59-3806631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANCHORS, C. LEDON  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL, FL 32547 US

**Name and Address of New Registered Agent:**

ANCHORS, C. LEDON  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547 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:

01/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WIEBE, AMBER  
Address: 1785 SCENIC GULF DR  
City-St-Zip: DESTIN, FL 32550

Title: MGRM ( ) Delete  
Name: BROUTIN, OLIVIER  
Address: 1785 SCENIC GULF DR  
City-St-Zip: DESTIN, FL 32550

**ADDITIONS/CHANGES:**

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 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: AMBER WIEBE

PRES

01/28/2009

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