

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000109338

**FILED**  
**Sep 22, 2006**  
**Secretary of State**

**Entity Name:** DESTRY'S INVESTMENTS LLC

**Current Principal Place of Business:**

3516 FORESTDALE DR.  
ORLANDO, FL 32808

**New Principal Place of Business:**

8730 HASTINGS BEACH BLVD  
ORLANDO, FL 32829

**Current Mailing Address:**

3516 FORESTDALE DR.  
ORLANDO, FL 32808

**New Mailing Address:**

PMB 164 478 E. ALTAMONTE DR.  
108  
ALTAMONTE SPRINGS, FL 32701 46

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
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:**

WHITE, DESTRY  
3516 FORESTDALE DR.  
ORLANDO, FL 32808 US

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

WHITE, DESTRY  
8730 HASTINGS BEACH BLVD  
ORLANDO, FL 32829 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: DESTRY WHITE

09/22/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WHITE, DESTRY  
Address: 3516 FORESTDALE DR.  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WHITE, DESTRY  
Address: 8730 HASTINGS BEACH BLVD  
City-St-Zip: ORLANDO, FL 32829

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: DESTRY WHITE

MGR

09/22/2006

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