## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

## **DOCUMENT # L05000111142**



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Since I Address (P.O. Box Number is Not Acceptable)  City	1. Entity Name OC DESTIN GROUP LLC					剪	06 (	OCT 25	5 Al	M 10: 24	<b>,</b>	
Substitute   Sub	36474 EMER	ALD COAST PARKWAY	36474 EMERALD COAST PARKWAY			~	JARYA III I				<b>i</b> 11 <b>70 1170</b> 11	<b>111</b> 1 H H 1101
DESTIN, FL  Country  3554  Country  Statul  St	36474A EME <u>LALD COAST (Kul</u> Suite, Apt. #, etc. SULTE (201		V 310474A EMPHALD COART PLAY Suite, Apt. *, etc. Suite /201			1020				CR2E10		
BOWYER, KEVIN D CPA  38474 EMERALD COAST PARKWAY  DESTIN, FL 32541  City FL Zip Coop  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signar, yout or private name of injected special agent of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signar, yout or private name of injected special to a special private name of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signar, yout or private name of injected special to a special private name injected agent.  SIGNATURE  Signar, yout or private name of injected special to a special private name injected agent.  In accordance with s. 607.193(2)(b), F.S., the limited liability company of the familiar private name injected agent.  MARKING Debter Intelligence of the prior notice.  MARKING Debter Debter Name  SIGNATURE:  MARKING Debter Debter Name  MARKING Debter Name  MARKING Debter Name  MARKING Debter Debter Name  MARKING Debter Name  MARKING Debter Name  MARKING Debter Name  MARKING Debter Name  MARKI	DESTIN, FL				4, FE	20-	37998	846		-	``	
BOWYER, KEVIN D CPA 38474 EMERALD COAST PARKWAY  DESTIN, FL 32541  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Plotide. I am familiar with, and accept the provided by Chapter 608, Plotide Statutes. I state the Information I plot of Plotide Statutes.  In the plot of Plotide Statutes of Plotide Statutes.  In the plot	35541	Country	32541									
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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 Horida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWILL FEE IS \$50.00  In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  MARAM   December   December	520111,72 52571											
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### After January 1, 2007, Fee will be \$100.00   liability company did not receive the prior notice.   Plorida Department of State	Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
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TITLE MGRM FLEMING, ILONA 36474 EMERALD COAST PARKWAY DESTIN, FL 32541  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 608, Florida Statutes.  SIGNATURE:    O   70   06   850-837 - U398	STREET ADDRESS	· ·			- 1							!
STREET ADDRESS CITY-ST-ZP DESTIN, FL 32541  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 608, Florida Statutes.  SIGNATURE:  SIGNATURE:  NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  10 / 20 / 06 850-837 - 0.398	CITY-ST-ZIP	DESTIN, FL 32541		CITY	(-ST-ZIP							
STREET ADDRESS CITY-ST-ZP DESTIN, FL 32541  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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  SIGNATURE:  SIRET ADDRESS CITY-ST-ZIP  10. To local Statutes. I further certify that the information indicated on this report as if made under oath; that I am a managing member or manager of the limited liability company or the repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE NAME		Delete								☐ Change	Addition :
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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 608, Florida Statutes.  SIGNATURE:  SIGNATURE:  SIGNATURE:	CITY-ST-ZIP	·						+				
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylone Phone #												