

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L05000111142

1. Entity Name
OC DESTIN GROUP LLC



Principal Place of Business
36474A EMERALD COAST PKWY
SUIATE 1201
DESTIN, FL 32541

Mailing Address
36474A EMERALD COAST PKWY
SUIATE 1201
DESTIN, FL 32541



01182008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWYER, KEVIN D CPA
36474 EMERALD COAST PARKWAY
DESTIN, FL 32541

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000860438
04/02/08-80064-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BOWYER, KEVIN D
STREET ADDRESS	36474 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	O'SULLIVAN, MORT
STREET ADDRESS	36474 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	HENDERSON, JOSEPH W
STREET ADDRESS	36474 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	KELLEY, LORI
STREET ADDRESS	36474 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	BALENT, ANGELA
STREET ADDRESS	36474 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	FLEMING, ILONA
STREET ADDRESS	36474 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN, FL 32541

**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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

3/12/08 (850) 831-0398