

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000025078

1. Entity Name
DESTINY ENTERPRISES, LLC



Principal Place of Business
1650 MARGARET STREET
302-246
JACKSONVILLE, FL 32204 US

Mailing Address
1650 MARGARET STREET
302-264
JACKSONVILLE, FL 32204 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152007 Chg-LLC CR2E083 (12/06)

4. FEI Number 32-0222070

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAWKINS, EDWARD W ESQUIRE
1543 KINGSLEY AVENUE
188
ORANGE PARK, FL 32073

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
DAWKINS, ERIK J ☐ Delete
STREET ADDRESS
CITY-ST-ZIP 919 GLENCARIN STREET
JACKSONVILLE, FL 32208

TITLE
NAME MGRM
DAWKINS, ERIK J ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 1423 CARBONDALE CT.
JACKSONVILLE, FL 32208

TITLE
NAME MGRM
BLUNT, IZELL ☐ Delete
STREET ADDRESS
CITY-ST-ZIP 1052 EAST 23RD STREET
JACKSONVILLE, FL 32209

TITLE
NAME MGRM
BLUNT, IZELL ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 2685 SANDRA LANE
JACKSONVILLE, FL 32208

TITLE
NAME MGRM
DAWKINS, EDWARD W ESQ. ☐ Delete
STREET ADDRESS
CITY-ST-ZIP 2918 MYRA STREET
JACKSONVILLE, FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME REINSTATEMENT
STREET ADDRESS
CITY-ST-ZIP 2007 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Edward W Dawkins

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

4/26/07 904 264-3412

Date

Daytime Phone #

Mailed 4/27/07
FILED
07 NOV 27 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

