

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076124

FILED
Sep 04, 2007
Secretary of State

Entity Name: DESTINY DEVELOPERS GROUP, LLC

Current Principal Place of Business:

2958 NW 57TH STREET
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

2958 NW 57TH STREET
MIAMI, FL 33142 US

New Mailing Address:

FEI Number: 20-5303103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

CAGE-HOLLOWAY, VINADIES
2958 NW 57TH STREET
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

CAGE, VINADIES
2958 NW 57TH STREET
MIAMI, FL 33142 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: VINADIES CAGE

09/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAGE-HOLLOWAY, VINADIES
Address: 2958 NW 57TH STREET
City-St-Zip: MIAMI, FL 33142

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAGE, VINADIES
Address: 2958 NW 57TH STREET
City-St-Zip: MIAMI, FL 33142

Title: MGR () Change (X) Addition
Name: HOLLOWAY, CALVIN
Address: 2958 NW 57TH STREET
City-St-Zip: MIAMI, FL 33142

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: VINADIES CAGE

MGR

09/04/2007

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