## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

## Feb 08, 2007 8:00 am Secretary of State DOCUMENT # L06000087908 1. Entity Name 02-08-2007 90144 045 \*\*\*\*50.00 DESTIN SNAPPER CAT, LLC Principal Place of Business Mailing Address 6 NIMROD CIRCLE 6 NIMROD CIRCLE NICEVILLE FL 32578 NICEVILLE FL 32578 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo COWEN, EDDIE Street Address (P.O. Box Number is Not Acceptable) 912 S PÁLM BLVD NICEVILLE FL 32578 City 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 reinstalling DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ШП ☐ Delete 100 Change Addition NAMI BISHOPRIC, BRUCE NAM STREET LADDRESS STREET ADDRESS 6 NIMROD CIRCLE CHY ST ZIP CHY ST 7IP NICEVILLE FL 32578 ЩЦ Change ☐ Delete 11111 ☐ Addition NAME NAM STREET ADDRESS STRLL1 ADDRESS CITY SI-ZIP CITY ST ZIP TITLE Delete ШН Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Cirt Sizz# CHY ST 7IP Change ☐ Delete ☐ Addition NAMI STREET ADDRESS STREET LADDRESS CHY SI ZIP CHY ST 7IP ШЦ ☐ Defete 1010 Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST 7P CHY ST ZIP ☐ Delete TITLE 11111 Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

IAGER. OR AUTHORIZED REPRESENTATIVE

FILED