

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

01-30-2008 90094 029 ***138.75

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DOCUMENT # L07000112076					
1. Entity Name REGIONS WAY OF DESTIN, LIMITED LIABILITY COMPANY					
Principal Place of Business 151 REGIONS WAY SUITE 1-C DESTIN, FL 32541 US			Mailing Address 151 REGIONS WAY SUITE 1-C DESTIN, FL 32541 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	4. FEI Number	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable ☒	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PLEAT, DAVID B 4477 LEGENDARY DRIVE SUITE 202 DESTIN, FL 32541			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 _____ (NOTE: Registered Agent signature required when reappointing)					
DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIKE HEWITT, INC. 151 REGIONS WAY, SUITE 1-C DESTIN, FL 32541	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM KSL, INC. 1466 EMERALD BAY DRIVE WEST DESTIN, FL 32541	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM GAMBARELLA, LOVENCIE J PO BOX 3298 HOUMA, LA 70361	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date _____ Daytime Phone # _____		