

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112076

FILED  
Jan 26, 2009  
Secretary of State

**Entity Name:** REGIONS WAY OF DESTIN, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

151 REGIONS WAY  
SUITE 1-C  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

151 REGIONS WAY  
SUITE 1-C  
DESTIN, FL 32541 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PLEAT, DAVID B  
4477 LEGENDARY DRIVE  
SUITE 202  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MIKE HEWITT, INC.,  
Address: 151 REGIONS WAY, SUITE 1-C  
City-St-Zip: DESTIN, FL 32541 US

Title: MEM ( ) Delete  
Name: KSL, INC.,  
Address: 1466 EMERALD BAY DRIVE WEST  
City-St-Zip: DESTIN, FL 32541 US

Title: MEM ( ) Delete  
Name: GAMBARELLA, LOVENCIE J  
Address: PO BOX 3298  
City-St-Zip: HOUMA, LA 70361 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: KSL, INC.,  
Address: 1466 EMERALD BAY DRIVE WEST  
City-St-Zip: DESTIN, FL 32541 US

Title: MGR (X) Change ( ) Addition  
Name: GAMBARELLA, LOVENCIE J  
Address: PO BOX 3298  
City-St-Zip: HOUMA, LA 70361 US

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: MIKE HEWITT INC

MGRM

01/26/2009

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