

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90163 047 ****50.00

DOCUMENT # L97000000098

1. Entity Name

DESTINY SALES & SERVICES, L.C.



Principal Place of Business

2180 SANLANDO CENTER
2180 W STATE RD 434, STE 1124
LONGWOOD, FL 32779

Mailing Address

2180 SANLANDO CENTER
2180 W STATE RD 434, STE 1124
LONGWOOD, FL 32779



01082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3425772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUETTNER, MARIE
2180 W STATE RD 434, STE 1124
LONGWOOD, FL 32779

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IN THIS SPACE**

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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SNYDER, PAMELA
STREET ADDRESS 2180 W SR 434, STE 1124
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE MGRM
NAME BUETTNER, MARIE B
STREET ADDRESS 2180 W SR 434, STE 1124
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #