

2000 UNIFORM BUSINESS REPORT (UBR)

0012243 AF

DOCUMENT # L99000005195

1. Entity Name
TLC OF DESTIN, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 1:12

Principal Place of Business
4021 LAUREN CT
DESTIN FL 32541

Mailing Address
4021 LAUREN CT
DESTIN FL 32541-2128



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4021 LAUREN CT.

3. Mailing Address
4021 LAUREN CT.

Suite, Apt. #, etc.

City & State
DESTIN, FL

City & State
DESTIN, FL

Zip 32541 Country USA

Zip 32541 Country USA

4. FEI Number
59-3600046

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~OWEN, DAVID A~~
~~1ST REGIONAL WAY~~
~~BLDG 7 SUITE A~~
~~DESTIN FL 32541~~

NICK, ALBERT THOMAS JR.
4021 LAUREN CT.
DESTIN, FL 32541

7. Name and Address of New Registered Agent

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.

SIGNATURE Albert Thomas Nick, Jr. A. THOMAS NICK, JR. PRESIDENT 02/03/00

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM PRESIDENT ☐ Delete
NIX, TOMMY NICK, ALBERT T.
STREET ADDRESS 4021 LAUREN CT 4021 LAUREN CT.
CITY-ST-ZIP DESTIN FL 32541 DESTIN, FL 32541

TITLE NAME MGRM NICK, LA DONNA ☐ Delete
4021 LAUREN CT. VICE PRESIDENT
STREET ADDRESS DESTIN, FL. 32541
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: La Donna Nick VICE PRESIDENT 850-645-7868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)