

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90203 037 \*\*\*\*50.00

**DOCUMENT # L99000005195**

1. Entity Name

**TLC OF DESTIN, L.L.C.**

Principal Place of Business

**4021 LAUREN CT  
 DESTIN FL 32541**

Mailing Address

**4021 LAUREN CT  
 DESTIN FL 32541**

**860664**

2. Principal Place of Business

3. Mailing Address

**838 Airport Road**  
 Suite, Apt. #, etc.

**838 Airport Road**  
 Suite, Apt. #, etc.

City & State

**Destin, FL**

City & State

**Destin, FL**

Zip

**32541**

Country

Zip

**32541**

Country

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

7. Name and Address of New Registered Agent

**NICK, ALBERT THOMAS JR  
 151 REGIONS WAY  
 4021 LAUREN CT.  
 DESTIN FL 32541**

Name

**Same**

Street Address (P.O. Box Number is Not Acceptable)

**838 Airport Road**

City

**Destin**

**FL**

Zip Code

**32541**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**> same  
 838 Airport Road  
 Destin, FL 32541** ☒ Change ☐ Addition

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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 STREET ADDRESS  
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☐ Delete

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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 REQUIRED**

**4-19-02**

**(950) 654-7868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)