FILED
Mar 31, 2008 8:00 am
Secretary of State

02-27-2008 90074 029 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000005659

1. Entity Name
DESTINY INDUSTRIES, LLC

Principal Place of Business
250 RW BRYANT ROAD
MOULTRIE, GA 31788

Mailing Address
250 RW BRYANT ROAD
MOULTRIE, GA 31788

01172008 Chg-LLC CR2EC83 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		Po Box 2947	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State Moultrie GA	
Zip	Country	Zip 31776	Country USA

4. FEI Number 59-3765697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Madonna Cuddihy Special Assistant Secretary DATE 2/21/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EDWARDS, WILLIAM G		NAME		
STREET ADDRESS	P.O. BOX 2947		STREET ADDRESS		
CITY-ST-ZIP	MOULTRIE, GA 31776		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	EDWARDS, DONALD L		NAME		
STREET ADDRESS	P.O. BOX 2947		STREET ADDRESS		
CITY-ST-ZIP	MOULTRIE, GA 31776		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 3/12/08 229 985 6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #