

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91215 003 ****50.00

DOCUMENT # M99000001922

1. Entity Name

DESTIN CONVENIENCE STORE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

34920 EMERALD COAST PKWAY

Suite, Apt. #, etc.

3. Mailing Address

112 Sheffield Loop

Suite, Apt. #, etc.

Suite D

DO NOT WRITE IN THIS SPACE

City & State

DESTIN, FL

City & State

Hattiesburg, MS

4. FEI Number

64-0902050

Applied For

Not Applicable

Zip

32541

Country

OKALOOSA

Zip

39402

Country

LAman

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

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
YORK, BENNETT V.
112 Sheffield Loop, Suite D
Hattiesburg MS 39402

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
YORK, BENNETT V., JR.
112 Sheffield Loop, Suite A
Hattiesburg, MS 39402

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
YORK-LOSEE, S. PAIGE
112 Sheffield Loop, Suite A
Hattiesburg, MS 39402

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
YORK, JOHN T.
112 Sheffield Loop, Suite D
Hattiesburg, MS 39402

TITLE
NAME
STREET ADDRESS
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)(f), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

S. Paige York-Losee March 12, 2002 601-264-0403

CR2E083B (12/01)