

M10000001175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

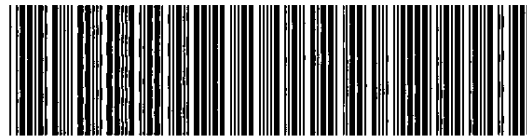
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500210332415

07/28/11--01021--004 \*\*25.00

FILED  
11 JUL 28 AM 11:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 29 2011

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Maysara Winery LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Naseem Momtazi  
Name of Person

Maysara Winery LLC  
Firm/Company

15765 SW Muddy Valley Rd  
Address

McMinnville OR 97128  
City/State and Zip Code

naseem@maysara.com  
E-mail address: (to be used for future annual report notification)

FILED  
11 JUL 28 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Naseem Momtazi at ( 503 ) 843 1234  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Maysara Winery LLC
2. (a) Principal office address of limited liability company: 15765 SW Muddy Valley Rd  
McMinnville OR 97128  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 2083 NE Colvin Ct  
McMinnville OR 97128  
**(Note: MAY BE POST OFFICE BOX)**
3. Date of filing/registration in Florida: March 12, 2010
4. Document number: M10000001175
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Kimberly Jackson  
Registered Office Address: 7237 Black Bull Lane  
Orlando, FL 32835
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** Douglas Broeker  
**NEW Registered Office Address:** 777 Brickell Ave, Suite 1000  
**(MUST BE FLORIDA STREET ADDRESS)** Miami, FL 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Naseem Montazi  
Signature of a member or authorized representative of a member

Naseem Montazi  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

FILED  
11 JUL 28 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00