

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000149178

**Entity Name:** WINESTICO CONSULTANTS LLC

**Current Principal Place of Business:**

3390 MARY STREET  
SUITE # 116  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

3390 MARY STREET  
SUITE # 116  
COCONUT GROVE, FL 33133 US

**FEI Number:** 46-1471351

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

STHORY, ORLANDO  
3390 MARY STREET  
SUITE # 116  
COCONUT GROVE, FL 33133 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name STHORY, ORLANDO J  
Address 3390 MARY STREET SUITE # 116  
City-State-Zip: COCONUT GROVE FL 33133

Title MGRM  
Name NAVA, EDGAR  
Address 3390 MARY STREET SUITE # 116  
City-State-Zip: COCONUT GROVE FL 33133

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ORLANDO J STHORY

**DIRECTOR**

**04/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date