

A04000001148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

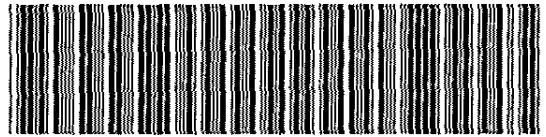
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04 JUL 13 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

04 JUL 13 AM 11:26

LETTERS TO THE STATE  
TALLAHASSEE, FLORIDA

Handwritten signature

CORP DIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

**FILE SECOND!**  
**FILED**  
04 JUL 13 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 7/13/04

REF. #: 0174.28023

CORP. NAME: WINO ASSOCIATES, L.L.L.P.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input checked="" type="checkbox"/> OTHER: LLLP      |   |  |

STATE FEES PREPAID WITH CHECK# 508816 FOR \$ 77.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**STATEMENT OF QUALIFICATION FOR FLORIDA OR FOREIGN  
LIMITED LIABILITY PARTNERSHIP**

1. The name of the partnership as identified in the records of the Florida Department of State:

WINO ASSOCIATES, a Florida limited partnership

However, the partnership shall be known as WINO ASSOCIATES, L.L.P.

Insert partnership's Florida registration number: \_\_\_\_\_

or

Attach completed Partnership Registration Statement and \$50 filing fee.

2. Suffix adopted for the above named partnership: \_\_\_\_\_

("Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP")

3. The street address of its chief executive office: 240 S. PINEAPPLE AVENUE, 10TH FLOOR

(if different from current recorded address):

SARASOTA FL 34236

4. The street address of principal office in Florida: \_\_\_\_\_

(if different from above)

5. The name and Florida street address of the partnership's agent for service of process:

DAVID S. BAND

240 S. PINEAPPLE AVENUE, 10TH FLOOR

SARASOTA, Florida 34236

6. This partnership hereby elects to be a limited liability partnership.

7. The effective date of this filing shall be:

X as of the date this document is filed with the Florida Secretary of State

or

\_\_\_\_\_ a date later than the time of filing: \_\_\_\_\_

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 30th day of JUNE, 2004

Signature of TWO Partners: \_\_\_\_\_

Typed or printed names of partners signing above: DAVID S. BAND

MARIANNE SIEGAL, Trustee of the Marianne Bollaci  
Siegal Revocable Trust u/a/d March 23, 1993,  
as amended

Filing Fee: \$25.00

Certified Copy: (Optional): \$52.50

Certificate of Status: (Optional): \$8.75