2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 18, 2004
Secretary of State

DOCUMENT# L00000008628

Entity Name: WINE FOR EVERYONE LLC

Current Principal Place of Business:

10120 S.W. 5TH STREET
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

10120 S.W. 5TH STREET
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-1025613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOSELLE, HERBERT I M.D.
10120 S.W. 5TH STREET
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete
Name: MOSELLE, HERBERT
Address: 10120 SW 5 ST
City-St-Zip: PLANTATION, FL 33324

Title: V ( ) Delete
Name: MOSELLE, MARCIA
Address: 10120 SW 5 ST
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MOSELLE, HERBERT
Address: 10120 SW 5 ST
City-St-Zip: PLANTATION, FL 33324

Title: MGR (X) Change ( ) Addition
Name: MOSELLE, MARCIA
Address: 10120 SW 5 ST
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: HERBERT I MOSELLE MGR 10/18/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date