

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90111 015 ****55.00

DOCUMENT # L01000000912

1. Entity Name
PENINSULA BEVERAGE, LLC



Principal Place of Business
2315 STIRLING ROAD
DANIA, FL 33312

Mailing Address
2315 STIRLING ROAD
DANIA, FL 33312

44004070



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-1078079

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

PICCIOTTO, DANIEL
499 EAST PALMETTO PARK RD., STE. 206
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DANIEL, PICCIOTTO
STREET ADDRESS 499 EAST PALMETTO PARK RD
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE MGRM ☒ Delete
NAME MELISSA, GORDON
STREET ADDRESS 750 EVERETT STREET
CITY-ST-ZIP NORWOOD, MA 02052

TITLE MGRM ☐ Delete
NAME PARTRICIA, PICCOTTO
STREET ADDRESS 2315 STIRLING RD
CITY-ST-ZIP DANIA, FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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

Daniel Picciotto

Jan 15/04 954966997

Date

Daytime Phone #