## 102000032155

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	· • • • • • • • • • • • • • • • • • • •
(Cit	ty/State/Zip/Phone #	<u> </u>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY C STATE

## COVER LETTER

ŤÓ:	_	of Corporations		
SUBJ	ECT:	INTER NATIONAL (Name of I	WINES SALES LLC Limited Liability Company)	
Dear S	Sir or Mad	am:		
The er	iclosed Re	egistered Agent/Registered (	Office Change and fee(s) are su	abmitted for filing.
Please	return all	correspondence concerning	this matter to the following:	
	2855	Name of Person)  FLAGLER DEVELOGISTICOTE  (Firm/Company)  LE JEVNE RD  (Address)  Color/State and Zin Code)	y th Floor	O7 OCT 15 PM 3: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA
For fur	√lo#.	mation concerning this matte	at (305) 520-2	
	(1	Name of Person)	(Area Code & Da	aytime Telephone Number)
	Registrati Division of Clifton Bi 2661 Exe	COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle see, Florida 32301	MAILING ADDRES Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 3	ons
	Enclosed	I is a check for the followin	ng amount:	
	□\$25 F		S55 Filing Fee & C	Certified Copy
INHS18	Chec (8/05)	h for \$35 previous	sly sent.	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2007

JOHN LOWELL, JR. JOHN LOWELL, JR., P.A. 2855 LEJEUNE RD, 4TH FLOOR CORAL GABLES, FL 33134

SUBJECT: INTERNATIONAL WINES SALES, LLC

Ref. Number: L02000032155

We have received your document for INTERNATIONAL WINES SALES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 107A00057536

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SECRE YAR: UF STATE,
TALLAHASSEE, FLORIGA

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

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	)8, Floria to chan	la Statutes ge its regi	s, the un stered o	dersig ffice o	gned limite er registere	≀d ≀d
1. The name of the limited liability company is:						
2. The mailing address of the limited liability company is:	2855	LE-TE	UNE R	0, 4	ill Pla	D(
1 2000	CORAL	GABL	€5, F	63	3134	·
3/1/2005		20000	• .			
3. Date of filing/registration in Florida		ument nur			<del></del>	
5. The name of the registered agent and the registered office Florida Department of State:		_			•	
TUTRASTATE REGIN	IBREI	) 465x	TCOL	Pop	ATTON	
701 Bucketh Av. Address	8 # E	3000				-
Address  MIAMI FL 33/3	1/		TAL 3E	07		
City, butto that 2	,r.f.ı		CRE	130		
6. The name and address of the new registered agent and/or			l'An ASS	5	Constant of the Constant of th	
TOHU WUELL J	R_			PM	m	
Name  2855 LE GEUL  Florida street address (P.O. Box	E PD	, <del>И <sup>IH</sup> F</del>	OF STATE	3: 37	O	
•			A A	7		
MAMI, FL City, State and Zi	331	34				
			71	4 i f	<del>1</del>	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.	orida stree cal. Or, i was/were wise prov	et address n the case authorize	of the re of a Flor d by an	gister rida lii affirm	ed office mited ative vote	
(Signature of a member or authorized representative of a member)	· 🚐		, <u>*</u>			
(Printed or typed name of signer)	pro 🏝		<b></b>			
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the project and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mere address. Thereby confirm that the limited liability company (Signature of Registered Agent)	ree to ac per and c ilion as re ely reflec has been	t in this ca omplete pi egistered c t a change notified in	pacity. Erforman igent as in the re i writing	I furth ice of provice gister of thi	er agree to my duties, ted for in ed office s change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00