

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021269

Entity Name: THE WINE LOFT, L.L.C.

FILED
Feb 06, 2008
Secretary of State

Current Principal Place of Business:

7813 MITCHELL RD
SUITE 102
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

12522 TWIN BRANCH ACRES RD.
TAMPA, FL 33626

New Mailing Address:

7813 MITCHELL RD
SUITE 102
NEW PORT RICHEY, FL 34655

FEI Number: 43-2022095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORMAN, R.D.
12522 TWIN BRANCH ACRES RD.
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

CLARK, DANIEL D
7813 MITCHELL BLVD
NEW PORT RICHEY, FL 34655 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: DANIEL D. CLARK

02/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOORMAN, RICHARD
Address: 12522 TWIN BRANCH ACRES RD.
City-St-Zip: TAMPA, FL 33626

Title: MGRM (X) Delete
Name: CLARK, DAN
Address: 7813 MITCHELL BLVD. #102
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CLARK, DANIEL D
Address: 7813 MITCHELL BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DANIEL D. CLARK

MGRM

02/06/2008

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