

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000054335

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** OLD NAPLES WHOLESale WINES, LLC

**Current Principal Place of Business:**

853 (REAR) 4TH AVE. SOUTH  
NAPLES, FL 34102

**New Principal Place of Business:**

935 4TH AVE. SOUTH  
NAPLES, FL 34102

**Current Mailing Address:**

853 (REAR) 4TH AVE SOUTH  
NAPLES, FL 34102

**New Mailing Address:**

935 4TH AVE SOUTH  
NAPLES, FL 34102

**FEI Number:** 20-0506984

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIZZO, PETER  
853 (REAR) 4TH AVENUE SOUTH  
C/O OLD NAPLES WW  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

RIZZO, PETER  
935 4TH AVENUE SOUTH  
C/O OLD NAPLES WW  
NAPLES, FL 34102 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/29/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RIZZO, J. PETER  
Address: 2260 MARINA DRIVE  
City-St-Zip: NAPLES, FL 34102

I hereby 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: PETER RIZZO

MGRM

03/29/2010

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