

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90051 031 \*\*\*\*50.00

**DOCUMENT # L04000003522**

1. Entity Name

DUNNELLON WINE & SPIRITS, LLC



Principal Place of Business

11352 NORTH WILLIAMS STREET  
DUNELLON FL 34430  
US

Mailing Address

11352 NORTH WILLIAMS STREET  
DUNELLON FL 34430  
US

40051220



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

11352 N. Williams St.

Suite, Apt. #, etc.

STE 200

City & State

Dunnellon FL

Zip

34432

Country

USA

3. Mailing Address

11352 N. Williams St.

Suite, Apt. #, etc.

STE 200

City & State

Dunnellon FL

Zip

34432

Country

USA

4. FEI Number

30-0226909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUCH, LOUIS  
9768 SW 195TH CIRCLE  
DUNELLON FL 34432

7. Name and Address of New Registered Agent

Name Louis Huch

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

9768 S.W. 195th Circle

City Dunnellon

FL

Zip Code

34432

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HUCH, LOUIS	
STREET ADDRESS	9768 SW 195TH CIRCLE	
CITY-ST-ZIP	DUNELLON FL 34432	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MCCLURE, JAMES A	
STREET ADDRESS	9768 SW 195TH CIRCLE	
CITY-ST-ZIP	DUNELLON FL 34432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

2/1/05 (352)  
489-0377