

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060761

FILED
Feb 04, 2009
Secretary of State

Entity Name: MORNINGSIDE LIQUORS, LLC

Current Principal Place of Business:

2950 SW 27TH AVENUE, STE. 300
GROVE PROFESSIONAL BLDG.
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2950 SW 27TH AVENUE, STE. 300
GROVE PROFESSIONAL BLDG.
MIAMI, FL 33133

New Mailing Address:

FEI Number: 20-3099732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

XIQUES, ALFREDO D
2950 SW 27TH AVENUE, STE. 300
GROVE PROFESSIONAL BLDG.
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: O'NAGHTEN, JUAN T
Address: 2950 SW 27TH AVENUE, STE. 300
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: GARCIA, EDUARDO
Address: 2950 SW 27TH AVE SUITE 300
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: DELGADO, ROLANDO JR
Address: 2950 SW 27TH AVE SUITE 300
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

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

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

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: JUAN T. O'NAGHTEN

MGR

02/04/2009

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