

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90032 026 \*\*\*\*50.00

**DOCUMENT # L05000083450**

1. Entity Name

**BEST CELLARS INT'L OF FLORIDA, LLC**



Principal Place of Business

**450 SOUTH GERONIMO STREET #106  
DESTIN FL 32550**

Mailing Address

**PO BOX 9009  
MIRAMAR BEACH FL 32550**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-338 5492**

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

**MARK A VIOLETTE, PA  
34990 EMERALD COAST PKWY  
STE. 403  
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **CAPOBIANCO, JIM**  
STREET ADDRESS **450 SOUTH GERONIMO ST. #106**  
CITY-ST-ZIP **DESTIN FL 32550**

TITLE **MGRM** ☐ Delete  
NAME **CAPOBIANCO, JOHN**  
STREET ADDRESS **450 SOUTH GERONIMO ST. #106**  
CITY-ST-ZIP **DESTIN FL 32550**

TITLE **MGRM** ☐ Delete  
NAME **CAPOBIANCO, SAMMY**  
STREET ADDRESS **450 SOUTH GERONIMO ST. #106**  
CITY-ST-ZIP **DESTIN FL 32550**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

*James N. Capobianco* **JAMES N. CAPOBIANCO**

3-05-06

(850) 685-9261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #