

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90069 040 ***138.75

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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 - No P.O. Box #

276 SANDY CAY DRIVE

3. Mailing Address

P.O. Box 9009

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

MIRAMAR BEACH FL

City & State

MIRAMAR BEACH FL

Zip

32550

Country

WILTON

Zip

32550

Country

WILTON

4. FEI Number

20-3385492

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

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 of principal

(NOTE: Registered agent's signature required when constituting)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME CAPOBIANCO, Jim
STREET ADDRESS 276 SANDY CAY DRIVE
CITY-ST-ZIP MIRAMAR BEACH FL 32550 ☒ Change ☐ Addition

TITLE MGRM
NAME CAPOBIANCO, John
STREET ADDRESS 276 SANDY CAY DRIVE
CITY-ST-ZIP MIRAMAR BEACH FL 32550 ☒ Change ☐ Addition

TITLE MGRM
NAME CAPOBIANCO, SAMMY
STREET ADDRESS 276 SANDY CAY DRIVE
CITY-ST-ZIP MIRAMAR BEACH FL 32550 ☒ Change ☐ Addition

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

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

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

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 60B, Florida Statutes.

SIGNATURE:

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

1-27-08

850-685-9261

Date

Exempted From Fee