

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083450

FILED
Jan 23, 2009
Secretary of State

Entity Name: BEST CELLARS INT'L OF FLORIDA, LLC

Current Principal Place of Business:

276 SANDY CAY DR
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

PO BOX 9009
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 20-3385492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARK A VIOLETTE, PA
34990 EMERALD COAST PKWY
STE. 403
DESTIN, FL 32541 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: CAPOBIANCO, JIM
Address: 276 SANDY CAY DR
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: MGRM () Delete
Name: CAPOBIANCO, JOHN
Address: 276 SANDY CAY DR
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: MGRM () Delete
Name: CAPOBIANCO, SAMMY
Address: 276 SANDY CAY DR
City-St-Zip: MIRAMAR BEACH, FL 32550

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: JAMES CAPOBIANCO

MGR

01/23/2009

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