

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000018383

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** THE VINES, LLC

**Current Principal Place of Business:**

825-C MERRIMON AVE.  
ASHEVILLE, NC 28804

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 279  
KATHLEEN, FL 33849

**New Mailing Address:**

**FEI Number:** 20-4328686

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DANIEL MEDINA, P.A.  
902 SOUTH FLORIDA AVENUE, SUITE 101  
LAKELAND, FL 33803 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  
Name: WOLF LOT 3, LLC  
Address: 825-C MERRIMON AVE.  
City-St-Zip: ASHEVILLE, NC 28804

Title: MGR  
Name: GLOVER, STEVE B  
Address: PO BOX 279  
City-St-Zip: KATHLEEN, FL 33810

I hereby 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: STEVE GLOVER

MEMB

04/25/2010

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