

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000042581**

1. Entity Name  
**INCUBRANDS SPIRITS GROUP LLC**



Principal Place of Business

601 HERITAGE DRIVE  
SUITE # 228  
JUPITER, FL 33458 US

Mailing Address

601 HERITAGE DRIVE  
SUITE # 228  
JUPITER, FL 33458 US

**DO NOT WRITE IN THIS SPACE**



04172008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**56-2600178**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

JAY, MALTBY S  
601 HERITAGE DRIVE  
SUITE # 228  
JUPITER, FL 33458

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IN THIS SPACE**

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 re-registering)

DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	C
NAME	STEPHEN, GROTH R
STREET ADDRESS	85 S.E. 4TH AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	PCEO
NAME	MALTBY, JAY S
STREET ADDRESS	7910 OLD MARSH ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VP
NAME	MCGOUGH, WILLIAM E
STREET ADDRESS	1984 SE COLONY WAY
CITY-ST-ZIP	JUPITER, FL 33478
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000917113  
05/13/08-80029-016 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** \_\_\_\_\_

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

Date

Daytime Phone #