

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000070164

FILED
Oct 02, 2009
Secretary of State

Entity Name: SAILFISH LANDING FINE WINE & SPIRITS, LLC

Current Principal Place of Business:

1412 MEDINA AVENUE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

35202 S. DIXIE HIGHWAY #100
FLORIDA CITY, FL 33034 US

Current Mailing Address:

1412 MEDINA AVENUE
CORAL GABLES, FL 33134 US

New Mailing Address:

35202 S. DIXIE HIGHWAY #100
FLORIDA CITY, FL 33034 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DEWOLFE, BRIAN D PRES.
1412 MEDINA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DEWOLFE, BRIAN D PRES.
35202 S. DIXIE HIGHWAY #100
FLORIDA CITY, FL 33034 US

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: BRIAN DEWOLFE

10/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR Delete
Name: DEWOLFE, BRIAN D PRES.
Address: 1412 MEDINA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 FL

ADDITIONS/CHANGES:

Title: MGR Change Addition
Name: DEWOLFE, BRIAN D PRES.
Address: 35202 S. DIXIE HIGHWAY #100
City-St-Zip: FLORIDA CITY, FL 33034 FL

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: BRIAN DEWOLFE

MGR

10/02/2009

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