## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L06000102185

Entity Name: CLYDE WINE COMPANY, LLC

FILED Jan 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 14105 TWIN FALLS DRIVE WEST 200 WHARFSIDE WAY JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32207 **Current Mailing Address: New Mailing Address:** 14105 TWIN FALLS DRIVE WEST JACKSONVILLE, FL 32224 FEI Number: 20-5738837 FEI Number Applied For ( ) FEI Number Not Applicable ( ) 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: Name and Address of New Registered Agent: RICHARD G. HATHAWAY, P.A. 115 PROFESSIONAL DRIVE SUITE 101 PONTE VEDRA BEACH, FL 32082 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: RICHARD G. HATHAWAY, P.A. Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MILLER, PETER B Name: Name: Address: 14105 TWIN FALLS DRIVE WEST Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition

Name:

MILLER, ELIZABETH D Name: Address: 14105 TWIN FALLS DRIVE WEST Address: City-St-Zip: JACKSONVILLE, FL 32224 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: PETER B. MILLER **MGRM** 01/15/2009