

607000014891

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

607-14891

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Metro Wine Florida LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tiffany J. Eaton, Esq.
(Name of Person)

Cove Associates, P.A.
(Firm/Company)

225 S. 21st Ave.
(Address)

Hollywood, FL 33020
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Tiffany J. Eaton at (954) 921-1121
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

☒ Letter Enclosed



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2007

COVE & ASSOCIATES, P.A.
225 SOUTH 21ST AVENUE
HOLLYWOOD, FL 33020

SUBJECT: H T FINANCIAL SERVICES, LLC
Ref. Number: L07000014892

We have received your document for H T FINANCIAL SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 907A00035551

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Metro Wine Florida LLC
2. The mailing address of the limited liability company is: c/o Cove Associates, P.A.
225 S. 21st Ave., Hollywood, FL 33020
3. Date of filing/registration in Florida 02/08/07 4. Document number L07000014891

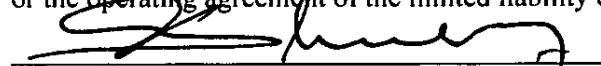
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Bonny J. Halperin, P.A.
Name
312 SE 17th St., 2nd Floor
Address
Ft. Lauderdale, FL 33316
City, State and Zip

6. The name and address of the new registered agent and/or office:

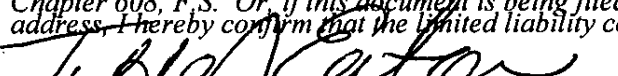
Cove Associates, P.A.
Name
225 S. 21st Ave.
Florida street address (P.O. Box NOT acceptable)
Hollywood FL 33020
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Patrick Baugier, As President of Metro Wine Distribution Co Inc, Managing Member
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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