## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063171

Entity Name: AVENUE CELLARS LLC

FILED Apr 07, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

519 SECOND AVENUE SOUTHWEST 9662 W. LINEBAUGH AVE

LUTZ, FL 33548 TAMPA, FL 33626

**Current Mailing Address: New Mailing Address:** 

519 SECOND AVENUE SOUTHWEST LUTZ, FL 33548

FEI Number: 26-0371682 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WEBER, SCOTT P DOLLARD, GALE L 100 SOUTH ASHLEY DRIVE 519 2ND AVE S.W

1900 LUTZ, FL 33548 TAMPA, FL 33602 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: GALE DOLLARD 04/07/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

DOLLARD, JAY Name: Name: Address: 519 SECOND AVENUE SOUTHWEST Address: City-St-Zip: LUTZ, FL 33548 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: DOLLARD, GALE Name: Address: 519 SECOND AVENUE SOUTHWEST Address: City-St-Zip: LUTZ, FL 33548 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: GALE DOLLARD **MGRM** 04/07/2008