

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097181

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** CAMPO NEGRO WINES, LLC

**Current Principal Place of Business:**

520 BRICKELL KEY DRIVE SUITE O-301  
MIAMI, FL 33131

**New Principal Place of Business:**

1000 BRICKELL AVENUE, SUITE 215  
MIAMI, FL 33131

**Current Mailing Address:**

520 BRICKELL KEY DRIVE SUITE O-301  
MIAMI, FL 33131

**New Mailing Address:**

1000 BRICKELL AVENUE, SUITE 215  
MIAMI, FL 33131

**FEI Number:** 26-1270705

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE MAINTENANCE SERVICES, LLC  
520 BRICKELL KEY DRIVE SUITE O-301  
MIAMI, FL 33131 US

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

CORPORATE MAINTENANCE SERVICES, LLC  
1000 BRICKELL AVENUE, SUITE 215  
MIAMI, FL 33131 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: \_\_\_\_\_

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALLAMAND, CRISTIAN  
Address: 520 BRICKELL KEY DRIVE SUITE O-301  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALLAMAND, CRISTIAN  
Address: 1000 BRICKELL AVENUE, SUITE 215  
City-St-Zip: MIAMI, FL 33131

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: CRISTIAN ALLAMAND

MGR

04/29/2009

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