

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066285

Entity Name: BEVPRIVATELABEL LLC

FILED  
Feb 02, 2009  
Secretary of State

## Current Principal Place of Business:

5423 NW 72TH AVENUE  
MIAMI, FL 33166

## New Principal Place of Business:

1333 NE 119 STREET  
NORTH MIAMI, FL 33161

## Current Mailing Address:

5423 NW 72TH AVENUE  
MIAMI, FL 33166

## New Mailing Address:

1333 NE 119 STREET  
NORTH MIAMI, FL 33161

FEI Number: 26-2940852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMIREZ, HERNANDO  
5423 NW 72TH AVENUE  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

METIN, SARA  
1333 NE 119 STREET  
NORTH MIAMI, FL 33161 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: SARA METIN

02/02/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RAMIREZ, HERNANDO  
Address: 5423 NW 72TH AVE  
City-St-Zip: MIAMI, FL 33166 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: METIN, SARA  
Address: 1333 NE 119 STREET  
City-St-Zip: NORTH MIAMI, FL 33161 US

Title: MGR ( ) Change (X) Addition  
Name: RAMIREZ, HERNANDO  
Address: 1333 NE 119 STREET  
City-St-Zip: NORTH MIAMI, FL 33161 US

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: SARA METIN

MGR

02/02/2009

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