L08000076010

POST & ROMERO				
3195 PONCE DE LEON BOULEVARD SUITE 400				
CORAL GABLES, FLORIDA 23134				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of St	atus			
Special Instructions to Filing Officer:				
Special instituctions to raining Officer.				
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Office Use Only



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B. BOSTICK

MAY - 9 2011

EXAMINER

COVER LETTER

Division of Corporations					•		
SUBJECT:	GO	WINER	IES LLC				
	Limit	ed Liabili	ty 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	;	•		
,				•			
MR. CARLOS ROMERO							
Name of Person		-		·	,		
POST & ROMERO, P.A.			_				
Firm/Company			- ,				
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3195 PONCE DE LEON, SUIT	#400)	-		A SE	- a	*
Address					¥	د ا د	
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MIAMI, FLORIDA 33134					HG.	P	razent 13 ki
City/State and Zip Code			-		70	<u>-</u>	W. pull
					SE	. u.v - 6 PH 7:37	
E-mail address: (to be used for future annual report	not fica	tion)	-		A		
•							
For further information concerning this mat	er, pl	ease call:					
					•		
CARLOS ROMERO	at ()	445-001			
Name of Person		A	rea Code & Dayt	ime Telephone	: Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Tallahassee, Florida 32301				•			
Enclosed is a check for the following	ıg am	ount:					
\$25 Filing Fee		\$55	Filing Fee &	Certified (Сору		
	4 1 1						

INHS18 (5/08)

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. Name of the limited liability company:		LEGO WINERIES LLC				
2. (a) Principal office address of limited lia	bility company	: 19200 SW 106 AVENUE				
(Note: MUST BE STREET ADDR	ESS)	MIAMI, FLORIDA 33157				
(b) Mailing address of limited liability co	mpany:	LEGO WINERIES LLC				
(Note: MAY BE POST OFFICE B	ox)	3195 PONCE DE LEON SUITE 400				
08/2008		L08000076010				
3. Date of filing/registration in Florida		4. Document number				
5. (a) Registered Agent and Registered Of	ice shown on t	•				
Registered Agent:		ANDRES J. PERINI				
Registered Office Address:		9265 SW 136 STREET CIRCLE MIAMI, FLORIDA 33176				
(b) Enter name of NEW Registered Age	nt and/or <u>NEV</u>	V Registered Office address:				
NEW Registered Agent:		CARLOS ROMERO, Jr. 5				
NEW Registered Office Address: (MUST BE FLORIDA STREET AD	DRESS)	3195 PONCE DE LEON SUITE 400				
		MIAMI ○5FL33134				
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.						
of a manage of address representative of a new		,				
GABRIEL G. GOLDBERG		•				
Printed or typed name of signee		· · · ·				
I hereby accept the appointment as registere comply with the provisions of all statutes relayed I am familiar with and accept the obligate chapter 608, V.S. Or, if this document is being address, I hereby confirm that the limited lied accept the statute of Registered Agent	d agent and ag tive to the pro- ions of my pos- ng filed to mer ality company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.				
Division of Corporations.	P.O. Box 632	7. Tallahassee, FL 32314				

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