## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000092256

Entity Name: AL VINO VINO, LLC

Name:

Address:

City-St-Zip:

5001 POLARIS COVE

GREENACRES, FL 33463

FILED Jan 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1000 SOUTH MILITARY TRAIL SUITE A WEST PALM BEACH, FL 33415 **New Mailing Address: Current Mailing Address:** 1000 SOUTH MILITARY TRAIL SUITE A WEST PALM BEACH, FL 33415 FEI Number: 26-3446632 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: MACMAHON, DERMOT P ESQ. 1860 FOREST HILL BLVD., STE 105 WEST PALM BEACH, FL 33406 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete RAVECCA, ULISES Name: Name: 5286 EDEN LAKE COURT Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: RAVECCA, GISELLE Name: Address: 5286 EDEN LAKE COURT Address: City-St-Zip: LAKE WORTH,, FL 33467 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RAVECCA, GUSTAVO Name: Name: 5001 POLARIS COVE Address: Address: City-St-Zip: GREENACRES, FL 33463 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition RAVECCA, MARILYN

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARILYN M. RAVECCA **MGRM** 01/14/2009