

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000103744

FILED  
Mar 24, 2012  
Secretary of State

**Entity Name:** SUNSHINE LIQUORS AND WINE, LLC

**Current Principal Place of Business:**

508 NORTH POINT ROAD  
ST. AUGUSTINE, 32084

**New Principal Place of Business:**

508 NORTH POINT ROAD  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

508 NORTH POINT ROAD  
ST. AUGUSTINE, 32084

**New Mailing Address:**

508 NORTH POINT ROAD  
ST. AUGUSTINE, FL 32084

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

GILLESPIE, CHERYL ERWIN  
508 NORTH POINT ROAD  
ST. AUGUSTINE, FL 32084    US

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

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:**

Title: MGRM  
Name: GILLESPIE, CHERYL ERWIN  
Address: 508 NORTH POINT ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM  
Name: GILLESPIE, JOHN F JR.  
Address: 508 NORTH POINT ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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: CHERYL ERWIN GILLESPIE                      MGRM                      03/24/2012

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