ILING FEE   Annual Report \$100.00 + \$88.75   Corporation Supplemental Fee   \$188.75   Make Check Payable To: FLORIDA DEPARTMENT OF STATE	•	ED LIABILITY COMPANY ANNUAL REPORT 1999	CORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS		SECRET CHAT OF STATE TO SECRET OR ATTOMS				
\$ 188.75   Make Check Payable To: FLORIDA DEPARTMENT OF STATE  Mare and Mainty Address of Limited Labelty Company DOCUMENT # L98000003031  THE WINE MESSENGER (FLORIDA), LLC 3564 SAINT GAUDENS ROAD COCONUT GROVE FL 33133—6531  Principal Place of Business Address 364 SAINT GAUDENS ROAD COCONUT GROVE FL 33133—6531  Principal Place of Business  2a. Multing Address 3. Date Organized or Qualified 12/04/1998 FL 4. FET humber 4. Spilo, Apr 8, etc. 5.00, Apr 8, etc. 6. Country 6. Date of Leaf Report 6. Country 7. Name and Address of Current Registered Agent Name COCONUT GROVE FL 33133  BASE OF Formation 12/04/1998 FL Applied Formation 12/0	ILING	· · · · · · · · · · · · · · · · · · ·	00 + \$88.75	Corporatio	n Supp	lemental Fee	5011.0	10 111 2:	53
THE WINE MESSENGER (FLORIDA), LLC 3564 SAINT GAUDENS ROAD COCONUT GROVE FL 33133  Principal Place of Business  2a. Mailing Address  2a. Mailing Address  2b. Mailing Address  2a. Mailing Address  2b. Mailing Address  2c.	<b>\$ 188</b>	3.75 Make Check Payab	le To: FLOF	IDA DEPAR	TMENT	OF STATE	1		
THE WINE MISSINGER (FLORIDA), LLC 3564 SAINT GAUDENS ROAD COCONUT GROVE FL 33133  3564 SAINT GAUDENS ROAD COCONUT GROVE FL 33133  Principal Place of Business    Za Mailing Address	of Lim	nited Liability Company	OMEN	# L980	00000	3031			
COCONUT GROVE FL 33133    Coconut Grove FL 33133   Coconut Grove FL 33133   Coconut Grove FL 33133   Coconut Grove FL 33133   Coconut Grove FL 33133   Suite of Formation FL   Country   Country   FL   Applied For Go-087-9566   Country   FL   Applied For Go-087-9566   Country   FL   Applied For Go-087-9566   Country   FD   FD   Country					LLC		1		
Life Apt #, etc.  Suite, Apt #, etc.  Country  To Name and Address of Current Registered Agent  SEABROOK, BRUCE C  SEABROOK, BRUCE C  Siea Ann T GAUDENS ROAD  COCONUT GROVE FL 33133  Suite, Apt #, etc.  City  To Country  To Appleed Fc  To Appleed Fc  To Country  To Appleed Fc  To Appleed Fc  To Appleed Fc  To Country  To Appleed Fc  To									
Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  Suite, Apt #, etc.  Cry & State  Country  To Name and Address of Current Registered Agent  To Name and Address of Current Registered Agent  To Name and Address of Current Registered Agent  To Name and Address of New Registered Agent/Office  SEABROOK, BRUCE C  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt #, etc.  City  City  FL  Cry  Cry  Cry  Cry  Cry  Cry  Cry  Cr	Princip	pal Place of Business	2a. Mai	ing Address	<del></del>		3. Date Organized or Qua	lified 3a. Stat	e of Formation
A FEL Number   Applied For   A				aming ( Table 0.00)			· ·	ļ	
To Country  To Cou	suite, Api	t. #, etc.	Suite, A	ot #, etc.			4. FEI Number		Applied For
To Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent/Office  SEABROOK, BRUCE C  3564 SAINT GAUDENS ROAD  COCONUT GROVE FL 33133  Suite, Apt #, etc.  City  FL  Zip Code  FL  Zip Co	ity & Sta	ate	City & State				65-087-9566		
SEABROOK, BRUCE C 3564 SAINT GAUDENS ROAD COCONUT GROVE FL 33133  Suite, Apl #, etc.  City  FL  Zip Code  The purpose of changing registered agent, or both, in the State of Florida. Statutes, the above named limited liability company submits this statement for the purpose of changing registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment of segistered agent, and accept the obligations.  BIGNATURE  BUSINESSENGER, LL 371 NORTH AVENUE  NEW ROCHELLE NY  AGRM THE WINE MESSENGER, LL 371 NORTH AVENUE  NEW ROCHELLE NY  Safety of the State and Zip Code  NEW ROCHELLE NY  AND COCONUT GROVE, FL 33133  SIDDIOL 2013: 279  -03/11/339-01119020  ******188, 75 *****188.*  In the development of the registered agent of the state of Florida Statutes and that may signature shall have the same logal effect as if made under oath, that I am a managing member or manager of third liability company or the receiver or trustee employeer of to receive the incommand of the same logal effect as if made under oath, that I am a managing member or manager of third liability company or the receiver or trustee employeer of to receive the incommand on the same logal effect as if made under oath, that I am a managing member or manager of third liability company or the receiver or trustee employeer of the receiver or trustee employeer of the receiver the receiver are required by Chapter 608, Florida Statutes. But the receiver or manager of the same logal effect as if made under oath, that I am a managing member or manager of the middle liability company or the receiver or trustee employeer of the receiver the receiver are required by Chapter 608, Florida Statutes. But the receiver or trustee employeer of the receiver the receiver are required by Chapter 608, Florida Statutes. The receiver of the receiver or trustee employeer of the receiver the receiver are received by Chapter 608, Florida Statutes. The receiver the receiver	<b>Z</b> ip	Country	Zip		Country	· · · · · · · · · · · · · · · · · · ·	5. Date of Last Report	<u> </u>	cate of Status Desire
SEABROOK, BRUCE C 3564 SAINT GAUDENS ROAD COCONUT GROVE FL 33133  Suite, Apl #, etc.  City  FL  Zip Code  The purpose of changing registered agent, or both, in the State of Florida. Statutes, the above named limited liability company submits this statement for the purpose of changing registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment of segistered agent, and accept the obligations.  BIGNATURE  BUSINESSENGER, LL 371 NORTH AVENUE  NEW ROCHELLE NY  AGRM THE WINE MESSENGER, LL 371 NORTH AVENUE  NEW ROCHELLE NY  Safety of the State and Zip Code  NEW ROCHELLE NY  AND COCONUT GROVE, FL 33133  SIDDIOL 2013: 279  -03/11/339-01119020  ******188, 75 *****188.*  In the development of the registered agent of the state of Florida Statutes and that may signature shall have the same logal effect as if made under oath, that I am a managing member or manager of third liability company or the receiver or trustee employeer of to receive the incommand of the same logal effect as if made under oath, that I am a managing member or manager of third liability company or the receiver or trustee employeer of to receive the incommand on the same logal effect as if made under oath, that I am a managing member or manager of third liability company or the receiver or trustee employeer of the receiver or trustee employeer of the receiver the receiver are required by Chapter 608, Florida Statutes. But the receiver or manager of the same logal effect as if made under oath, that I am a managing member or manager of the middle liability company or the receiver or trustee employeer of the receiver the receiver are required by Chapter 608, Florida Statutes. But the receiver or trustee employeer of the receiver the receiver are required by Chapter 608, Florida Statutes. The receiver of the receiver or trustee employeer of the receiver the receiver are received by Chapter 608, Florida Statutes. The receiver the receiver		7. Name and Address of Curr	ent Registered	Agent	٠	8.	Name and Address of New	Registered Age	nt/Office
Business Street Address  City, State and Zip Code  MGRM THE WINE MESSENGER, LL 371 NORTH AVENUE  NEW ROCHELLE NY  BRUCE C. SEABROOK  \$ 3564 SAINT GAUDENS ROAD  COCONUT GROVE, FL 33133  SID CID 2/80/2/2/7/903/11/9301119020  ****188.75 ****188.*  I. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If further certify that the information dicated on this annual report is true and accordate and that my signature shall have the same legal effect as if made under cath, that I am a managing member or managing or of the free level or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on.	s registe					ove-named limited	liability company submits thi	<b>FL</b> s statement for th	
AGRM THE WINE MESSENGER, LL 371 NORTH AVENUE  NEW ROCHELLE NY  COCONUT GROVE, FL 33133  SID CIDIO2/SID:32/79— -03/11/33—01119—020 *****188.75 *****188.*  1. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the informatio dicated on this annual report is true and accurate and that they signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the right of the street of the same legal effect as if made under oath, that I am a managing member or manager of the right of the same legal effect as if made under oath, that I am a managing member or manager of the right of the same legal effect as if made under oath, that I man a managing member or manager of the right of the same legal effect as if made under oath, that I man a managing member or manager of the same legal effect as if made under oath, that I man a managing member or manager of the same legal effect as if made under oath, that I man a managing member or manager of the same legal effect as if made under oath, that I man a managing member or manager of the same legal effect as if made under oath, that I man a managing member or manager of the same legal effect as if made under oath, that I man a managing member or manager of the same legal effect as if made under oath, that I man a managing member or manager of the same legal effect as if made under oath, that my signature shall have the same legal effect as if made under oath, that my name appears in a Block 10, or on a same of the same legal effect as if made under oath, that my name appears in a Block 10, or on a same of the same legal effect as if made under oath, that my name appears in a Block 10, or on a same of the same legal effect as if made under oath, that my name appears in the same legal effect as if made under oath, that my name appears in the same legal effect as if made under oath, that my name appears in the same leg	-	ered agent, and accept the obligations		rida. Soci trian	ige was au	thorized by affirma		embers.Thereby:	
BRUCE C. SEABROOK  \$ 3564 SAINT GAUDENS ROAD  COCONUT GROVE, FL 33133  SIDOD2803279— -03/11/93—01119—020 ****188.75 *****188.  1. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes I further certify that the information dicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the inited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on-	SIGNATI	Bred agent, and accept the obligations  URE	iting Approvatment)		jent signetote	requirid when terratic≀r	DATE		accept the appointme
SID DD28D3279-03/11/33-01119-02D ####188.75 ####188.  1. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the informatio dicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the mited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on its same in the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on its same in the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on its same in the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on its same in the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on its same in the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on its same in the context of the context o	SIGNATI	Bred agent, and accept the obligations  URE	iting Approvatment)		jent signetote	requirid when terratich	DATE		accept the appointme
#### 188. 75 #### 188.  1. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the informatio dicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the mited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on a second control of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on a second control of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on a second control of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on a second control of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on a second control of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on a second control of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on a second control of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on a second control of the receiver of the second control of the receiver	SIGNATI D. Title	Bred agent, and accept the obligations  URE	nterg Apporatment) Igers	NOTE Hegisterial Ag	jent signature Busines	reganstwhen renstrar is Street Address	DA1£ _	City, State and	accept the appointme
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