PENDING
05-07-2002 90059 001 ***300.00
M00000000547

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN 24 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000547

1. Entity Name

SOUTH BAY WINE GROUP LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
75 MALAGA COVE PLAZA	75 MALAGA COVE PLAZA
Suite, Apt. #, etc.: SUITE 7	Suite, Apt. #, etc.: SUITE 7
City & State: PALOS VERDES ESTATES	City & State: PALOS VERDES ESTATES
Zip: CA — Country:	Zip: CA — Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 330607889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

City: TALLAHASSEE **FL** Zip Code: 32301-2525

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	POPOVICH, GREGORY
STREET ADDRESS	577 VIA DEL MONTE
CITY-ST-ZIP	PALOS VERDES ESTATES, CA 90274
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

11. I 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 indicated on this 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ GREGORY POPOVICH 04-20-02 800-788-0212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #