

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90143 039 *****50.00

DOCUMENT # M01000002501

1. Entity Name

STELLAR IMPORTING COMPANY, LLC



Principal Place of Business

Mailing Address

35-12 BROADWAY
ASTORIA NY 11106

166 - 23 17TH ROAD
WHITESTONE NY 11357



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

14-34 150th Street

166-23 17th ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4

City & State
Whitestone, NY

City & State
Whitestone, NY

Zip

Country

Zip

Country

11357 USA

11357 USA

1st MOORE

CR2E083 (10/06)

4. FEI Number

11-3543024

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIVANIOS, CHRISTINE
905 LYTLE STREET
WEST PALM BEACH FL 33405

Name Dean Gronkiewicz

Street Address (P.O. Box Number is Not Acceptable) Consummate Beverage Co.

16207 Breckinmore Lane

City Tampa

FL

Zip Code 33625

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

S. Catechis

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/30/07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MORM
CATECHIS, STELLA
STREET ADDRESS 166 - 23 17TH ROAD
CITY- ST- ZIP WHITESTONE NY 11357

TITLE NAME ☐ Change ☐ Addition
Managing Member

TITLE NAME ☐ Delete
MGR
CATECHIS, SAM
STREET ADDRESS 166-23 17TH ROAD
CITY- ST- ZIP WHITESTONE NY 11357

TITLE NAME ☐ Change ☐ Addition
Managing Member

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

S. Catechis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/30/07 (718)352-1180