

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000836

FILED
Feb 04, 2009
Secretary of State

Entity Name: DOLCE, L.L.C.

Current Principal Place of Business:

1 ACACIA DRIVE
OAKVILLE, CA 94562

New Principal Place of Business:

Current Mailing Address:

PO BOX 327
OAKVILLE, CA 94562

New Mailing Address:

FEI Number: 74-2872278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOTH, LYNN
1600 NW 163RD STREET
MIAMI, FL 33169 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 () Delete
Name: NICKEL, ERIK
Address: 1543 MAIN STREET
City-St-Zip: NAPA, CA 94559

Title: MGRM () Delete
Name: HAMPSON, DIRK
Address: 1755 DEAN YORK LANE
City-St-Zip: SAINT HELENA, CA 94574

Title: MGRM () Delete
Name: MAGUIRE, LARRY
Address: 540 MEADOWWOOD LANE
City-St-Zip: SAINT HELENA, CA 94574

Title: MGR () Delete
Name: HARWOOD, LAURA E
Address: 8801 HOLLYLEAF DRIVE
City-St-Zip: WINDSOR, CA 94592

Title: MGR () Delete
Name: ALLEN, GREG
Address: 1197 WILLOW AVE
City-St-Zip: NAPA, CA 94559

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LAURA HARWOOD

MGR

02/04/2009

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