

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOV 29 AM 9:20

DOCUMENT # M02000002412

1. Entity Name

SPANOS-BERBERIAN WINERY, LLC



Principal Place of Business

6200 WASHINGTON STREET
YOUNTVILLE, CA 94599

Mailing Address

6200 WASHINGTON STREET
YOUNTVILLE, CA 94599

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10092006 REIN-LLC CR2E101 (11/05)

City & State

City & State

4. FEI Number
04-3665583

Applied For
Not Applicable

Zip

Country

Zip

Country

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

Gary Brady
251 Clearwater Largo Rd N
Largo FL 33770

Name Ken Lapham

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

2418 Marathon Lane

City Ft. Lauderdale FL Zip Code 33312

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

Kenneth H. Lapham

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BELL, ANTHONY
STREET ADDRESS 6200 WASHINGTON STREET
CITY-ST-ZIP YOUNTVILLE, CA 94599

TITLE ☐ Change ☐ Addition
NAME 400082101104
STREET ADDRESS 11/28/06--01036--003 **50.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME BERBERIAN, RONALD A
STREET ADDRESS 2021 WEST MARCH LANE
CITY-ST-ZIP STOCKTON, CA 95207

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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

Chuck Lapham

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

11/20/06

Date

707-944-1673

Daytime Phone #