## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

**DOCUMENT # M05000001694** 

FOLIO WINE COMPANY, LLC



**FILED** Jan 14, 2008 08:00 Al Secretary of State

Principal Place of Business

550 GATEWAY DR

**SUITE 220** NAPA, CA 94558

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Mailing Address

550 GATEWAY DR SUITE 220 NAPA, CA 94558



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	· · · -··	Applied For
20-1713297		Not Applicable
5. Certificate of Status Desired		.00 Additional Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAUER, LISA 1310 SW 14TH ST DEERFIELD BEACH, FL 33441

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chitions of registered agent.	anging its registered office or registered agent, or both	i, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	NOWILL FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONDAVI, R. MICHAEL 5587 SILVERADO TRAIL NAPA, CA 94558		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000782125

U1/15/U8-8UU62-U13 143.75

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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.