


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90080 040 ***143.75

DOCUMENT # M07000001000

1. Entity Name
DOS LUNAS SPIRITS, LLC



Principal Place of Business Mailing Address
310 N. Mesa Street, 1st Floor **6065 MONTANA - C-2**
El Paso, TX 79901 **EL PASO, TX 79925**


2. Principal Place of Business - No P.O. Box # 3. Mailing Address
6065 Montana, **6065 Montana**

Suite, Apt. #, etc. Suite, Apt. #, etc.
C-2 **C-2**

City & State City & State
El Paso, TX **El Paso, TX**

Zip Country Zip Country
79925 **USA** **79925** **USA**

60000971



01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-4259438 Not Applicable

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

6. Name and Address of Current Registered Agent

GALLETS, EUNICE
2825 SW 22ND AVE
STE 105
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM POE, RICHARD C II 310 N MESA STREET EL PASO, TX 79901 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Poe, Richard C. II 6065 Montana, C-2 El Paso, TX 79925 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

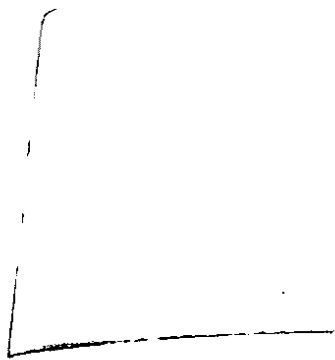
SIGNATURE:  **Richard C. Poe II** **1/08/07** **915.533.2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT

60000971
#M07000001000



January 8, 2008

State of Florida
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

RE: Dos Lunas Spirits, LLC
2008 Limited Liability Company Annual Report

Gentlemen:

Enclosed is our 2008 Annual Report, along with the filing fee of \$138.75, plus \$5.00 for a certificate of status.

Our new address has been included on the form.

Regards,

Diane McClellan
Diane McClellan
Licensing & Legal Compliance Officer
Dos Lunas Spirits, LLC
6065 Montana Street, C-2
El Paso, Texas 79925
(915) 533-2000

Enclosures

DOS
LUNAS

TEQUILA

SILVER



100% BLUE AGAVE

*Double Distilled
Jalisco, Mexico*

100% DE AGAVE
ALC/VOL 40%