

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000001358

Entity Name: WHITMAN CELLARS, LLC

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1015 WEST PINE STREET  
WALLA WALLA, WA 99362

**New Principal Place of Business:**

**Current Mailing Address:**

1015 WEST PINE STREET  
WALLA WALLA, WA 99362

**New Mailing Address:**

FEI Number: 91-2056587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PARSONS, SCOTT  
185 DRENNEN ROAD  
ORLANDO, FL 32806 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: MGR  
Name: EDWARDS, JOHN  
Address: 1015 WEST PINE STREET  
City-St-Zip: WALLA WALLA, WA 99362

Title: MGR  
Name: THOMASON, LARRY  
Address: 1015 WEST PINE STREET  
City-St-Zip: WALLA WALLA, WA 99362

Title: MGR  
Name: THOMASON, SALLY  
Address: 1015 WEST PINE STREET  
City-St-Zip: WALLA WALLA, WA 99362

Title: MGR  
Name: LESSARD, STEPHEN  
Address: 1015 WEST PINE STREET  
City-St-Zip: WALLA WALLA, WA 99362

I hereby 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: LARRY L THOMASON

MGR

01/07/2010

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