

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002085

Entity Name: RIVERAERIE CELLARS, LLC

FILED  
May 04, 2009  
Secretary of State

**Current Principal Place of Business:**

87203 W 134 PR NW  
PROSSER, WA 99350

**New Principal Place of Business:**

**Current Mailing Address:**

87203 W 134 PR NW  
PROSSER, WA 99350

**New Mailing Address:**

PO BOX 686  
PROSSER, WA 99350

FEI Number: 71-0944017      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

NRAI SERVICES, INC.  
2731 EXECUTIVE DRIVE, STE. 4  
WESTON, FL 33331      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: BUNNELL, SUSAN E  
Address: 87207 W. 134 PR NW  
City-St-Zip: PROSSER, WA 99350

Title: MGRM      ( ) Delete  
Name: BUNNELL, RONALD C  
Address: 87207 W. 134 PR NW  
City-St-Zip: PROSSER, WA 99350

Title: MGRM      ( ) Delete  
Name: MAULDIN, PAULA A  
Address: 87203 W 134 PR NW  
City-St-Zip: PROSSER, WA 99350

**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:

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: SUSAN E BUNNELL

MGRM

05/04/2009

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