

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000002085

Entity Name: RIVERAERIE CELLARS, LLC

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

87203 W 134 PR NW  
PROSSER, WA 99350

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 686  
PROSSER, WA 99350

**New Mailing Address:**

PO BOX 806  
PROSSER, WA 99350

FEI Number: 71-0944017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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  
Name: BUNNELL, SUSAN E  
Address: 87207 W. 134 PR NW  
City-St-Zip: PROSSER, WA 99350

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

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

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: SUSAN E. BUNNELL

MGRM

04/25/2011

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