

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # M07000003383

1. Entity Name
PLATA WINE PARTNERS, LLC



Principal Place of Business
855 BORDEAUX WAY, SUITE 100
NAPA, CA 94558

Mailing Address
855 BORDEAUX WAY, SUITE 100
NAPA, CA 94558



02272008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 87-0735518	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

UNIVERSAL WINE AND SPIRITS LLC
8255 NW 70TH STREET
MIAMI, FL 33166

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COUCHMAN, MARK ERIK 855 BORDEAUX WAY, SUITE 100 NAPA, CA 94558
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, JONATHAN S 855 BORDEAUX WAY, SUITE 100 NAPA, CA 94558
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEDBETTER, JAMES DAVID 855 BORDEAUX WAY, SUITE 100 NAPA, CA 94558
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U00000852165
03/26/08-80017-016 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #