2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 JUL 19 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96000000123

Entity Name

APPELLATION IMPORTS LLC

Principal Place of Business	Mailing Address
1 GUILFORD RD STE 109 OLIS JUNCTION, MD 20701	SAME

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1924279 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ERVICE-HALL CORP 701 HAYS ST STE 105 ALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
MGRM JEAN NOEL FOURMEAUX 3875 MT VEEDER RD NAPA, CA 94558	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHAEL FRANKLIN 1403 STONECREEK RD ANNAPOLIS, MD 21403 ☐ Change ☒ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENRY SHUEY 7 OLD LYME LUTHERVILLE, MD 21093 ☐ Change ☒ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael Franklin MICHAEL FRANKLIN 3/15/00

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR MANAGER — Date — Daytime Phone #