

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR -8 PM 2: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # M97000000485

LO SPUNTINO TASTE OF SONOMA, LLC
C/O PATRICK J. MCNEIL
55 PROFESSIONAL CENTER PARKWAY
SAN RAFAEL CA 94903

aq-APC

1a. Principal Place of Business Address

C/O PATRICK J. MCNEIL
55 PROFESSIONAL CENTER PARKW
SAN RAFAEL CA 94903

2. Principal Place of Business

25200 Arnold Drive

Suite, Apt. #, etc.

City & State

Sonoma, CA

Zip

95476

Country

U.S.A.

2a. Mailing Address

25200 Arnold Drive

Suite, Apt. #, etc.

City & State

Sonoma, CA

Zip

95476

Country

U.S.A.

3. Date Organized or Qualified

08/07/1997

3a. State of Formation

CA

4. FEI Number

68-0368055

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

500002487515-0
-04/14/98--01016--001
DATE ****188.75 ****188.75

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SEBASTIANI, JON	25200 ARNOLD DRIVE	SONOMA CA
MGR	SEBASTIANI, SAM	25200 ARNOLD DRIVE	SONOMA CA

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/23/98

Date

Daytime Phone #

(707) 935-4700