

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000122606

**Entity Name:** LIQUOR WINE & SMOKE SHOP AT FIDDLESTICKS LLC

**Current Principal Place of Business:**

13650 FIDDLESTICKS BLVD.  
STE 201  
FORT MYERS, FL 33912-0312

**Current Mailing Address:**

15803 LOCKMABEN AVENUE  
FORT MYERS, FL 33912 US

**FEI Number:** 46-1054459

**Certificate of Status Desired:** Yes

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

PALOCI, HENRY DJR.  
15803 LOCKMABEN AVENUE  
FORT MYERS, FL 33912 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name PALOCI, HENRY DJR.  
Address 15803 LOCKMABEN AVENUE  
City-State-Zip: FORT MYERS FL 33912

Title MGR  
Name PALOCI, CHERYL L  
Address 15803 LOCKMABEN AVENUE  
City-State-Zip: FORT MYERS FL 33912-3928

Title MGR  
Name DE CARLO, BROOKE E  
Address 6591 PLANTATION PRESERVE  
CIRCLE N  
City-State-Zip: FORT MYERS FL 33966-8366

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HENRY D. PALOCI JR.

**MGR**

**01/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date