

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008500

1. Entity Name  
GOTHAM CIGARS LLC™



Principal Place of Business

8803 NW 23 STREET  
MIAMI, FL 33172

Mailing Address

8803 NW 23 STREET  
MIAMI, FL 33172

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**



04032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

57-1169785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BALANI, MANOJ  
8803 N.W. 23 STREET  
MIAMI, FL 33172

**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  
04/17/08-80022-012 138.75

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	BALANI, MANOJ
STREET ADDRESS	8803 NW 23 STREET
CITY-ST-ZIP	MIAMI, FL 33172

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

04-02-08

Date

305-597-1501

Daytime Phone #