

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000044034

Entity Name: CIGAR LIFESTYLE, LLC

Current Principal Place of Business:

10019 CYPRESS SHADOW AVE
TAMPA, FL 33647

Current Mailing Address:

10019 CYPRESS SHADOW AVE
TAMPA, FL 33647

FEI Number: 88-0532737

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLSON, BRIAN
10019 CYPRESS SHADOW AVE
TAMPA, FL 33647 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 OLSON, BRIAN
Address 10019 CYPRESS SHADOW AVE
City-State-Zip: TAMPA FL 33647

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: BRIAN OLSON

OWNER

03/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date