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: BENJAMIN A NADOLNA

Electronic Signature of Signing Authorized Person(s) Detail

AP

04/30/2024

The above name	d entity submits this statement for the purpose of changing it	ts registered office or regis	tered agent, or both, in the State of	Florida.
SIGNATURE	E: JOSEPH WATTS			04/30/2024
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Title	AP	Title	AP	
Name	WATTS, JOE	Name	NADOLNA, BENJAMIN	
Address	308 RACHELLE AVE APT 527	Address	2570 LAKE RIDGE RD APT 7112	
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	LEWISVILLE TX 75056	
Title	AP			
Name	CHASE, JABAL			
Address	1202 RIVERCHASE DRIVE			
City-State-Zip:	RICHMOND TX 77469			

Name and Address of Current Registered Agent:

WATTS, JOSEPH 308 RACHELLE AVE APT 527 SANFORD, FL 32771 US

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APT 7112 LEWISVILLE, TX 75056 US

DOCUMENT# L22000522590

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: LOST LAGOON CIGARS LLC

Current Principal Place of Business:

2570 LAKE RIDGE RD APT 7112 LEWISVILLE, TX 75056

Current Mailing Address:

2570 LAKE RIDGE RD

FEI Number: 92-1407839

FILED Apr 30, 2024 Secretary of State 6992295267CC

Certificate of Status Desired: No