

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000258795

**Entity Name:** GOOD LEAF CIGARS LLC

**Current Principal Place of Business:**

1624 GALLOWAY DRIVE  
THE VILLAGES, FL 32163

**Current Mailing Address:**

1624 GALLOWAY DRIVE  
THE VILLAGES, FL 32163 US

**FEI Number:** 92-3854517

**Certificate of Status Desired:** Yes

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

PAINTER, DAVID J  
1624 GALLOWAY DRIVE  
THE VILLAGES, FL 32163 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	Title	AMBR
Name	PAINTER, DAVID J	Name	ENGINEER, KESHMIRA
Address	1624 GALLOWAY DRIVE	Address	1624 GALLOWAY DRIVE
City-State-Zip:	THE VILLAGES FL 32163	City-State-Zip:	THE VILLAGES FL 32163

*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:** DAVID PAINTER

MGR

02/05/2024

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

\_\_\_\_\_  
Date