

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000014526

1. Entity Name
INTERNATIONAL CRUISE LIQUOR & TOBACCO, L.L.C.



Principal Place of Business
11091 N.W. 27TH STREET, SUITE 210
MIAMI, FL 33172

Mailing Address
11091 N.W. 27TH STREET, SUITE 210
MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE



01202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1058146

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROBST, CHARLOTTE E
11091 N.W. 27TH STREET, SUITE 210
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

400028166724
02/04/04--01004--003 **55.00

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	PATRIZIO, CLERICI
STREET ADDRESS	11091 NW 27ST SUITE 210
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	ST
NAME	DE LA CRUZ, ALEX
STREET ADDRESS	11091 NW 27 ST. SUITE 210
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charlotte E. Probst *Charlotte E. Probst* *1/20/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

305/716-9993