

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90750 009 ****50.00

DOCUMENT # L01000020238

1. Entity Name

CIG BOX USA, LLC



Principal Place of Business

341 83RD AVE.
ST. PETE BEACH FL 33706

Mailing Address

341 83RD AVE.
ST. PETE BEACH FL 33706

2. Principal Place of Business

2926 51ST STREET SOUTH

Suite, Apt. #, etc.

3. Mailing Address

2926 51ST STREET SOUTH

Suite, Apt. #, etc.

City & State

GULFPORT FLORIDA

City & State

GULFPORT FLORIDA

Zip

33707

Country

US

Zip

33707

Country

US

4. FEI Number

59-3756848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RENALDO, JAMES S
146 SECOND STREET NORTH
SUITE 300
SAINT PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

RENALDO, JAMES S

Street Address (P.O. Box Number is Not Acceptable)

2010 WOODLAND CENTER BLVD.

SUITE 500,

City TAMPA

FL

Zip Code

33614

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

5-21-2004

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME OLEJNICEK, JAROSLAV
STREET ADDRESS 341 83RD AVE.
CITY-ST-ZIP ST. PETE BEACH FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME OLEJNICEK, JAROSLAV
STREET ADDRESS 2926 51ST STREET SOUTH
CITY-ST-ZIP GULFPORT FL. 33707

TITLE ☐ Change ☒ Addition
NAME OLEJNICEK, ANNA
STREET ADDRESS 2926 51ST STREET SOUTH
CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

5-21-2004

Date

727-321 5146

Daytime Phone #