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Secretary of State

04-17-2003 90035 041 ****50.00

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LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000004111

1. Entity Name

ONE ROOF TOBACCO, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1792 Cranberry Isle Way	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka, FL 32712	City & State
Zip: 32712 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3695296 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Sean Bogle, Esq.

Street Address (P.O. Box Number is Not Acceptable): 706 Turnbull Avenue #203

City: Altamonte Springs FL Zip Code: 32701

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. MANAGING MEMBERS / MANAGERS

TITLE	Chairman
NAME	Donald J. Bores, Sr.
STREET ADDRESS	1792 Cranberry Isle Way
CITY-ST-ZIP	Apopka, FL 32712
TITLE	President
NAME	Paul R. Walsh, Jr.
STREET ADDRESS	1904 Canyonwood Court
CITY-ST-ZIP	Valrico, FL 33594
TITLE	Vice President
NAME	Michael Kirkwood
STREET ADDRESS	28 Ash Street
CITY-ST-ZIP	Basking Ridge, NJ 07920
TITLE	Vice President
NAME	Phil Viscidi
STREET ADDRESS	One Hollis Street
CITY-ST-ZIP	Wellesley, MA 02482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E063B (12/02)

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: Donald J. Bores Sr. 4-14-03 407-464-9280

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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