2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 24, 2004 08:00 AM Secretary of State DOCUMENT # L02000006937 LIQUOR & TOBACCO OUTLET, L.L.C. Principal Place of Susiness Mailing Address 1517 HWY 98 S LAKELAND FL 33801 1517 HWY 98 S LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. MOORE CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 32-0007695 Not Applicable Country \$5.00 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, MAHESHKUMAR J Street Address (P.O. Box Number is Not Acceptable) 1830 SANCHEZ AVE. LAKELAND FL 33801 City Zip Code 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.) am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and titre if applicable DATE (NOTE Registered Agent signature required when revistating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Change Addition MGRM 3)31 F Delete TITLE PATEL, MAHESHKUMAR J NAME NAME STREET ADDRESS STREET ADDRESS 1830 SANCHEZ AVE. CITY-ST-2IP LAKELAND FL 33801 CITY-ST-2IP Addition TITLE Change Defete TIRE U00000064471 NAME NAME 02/24/04-80013-020 50.00 STREET ADDRESS STREET ADDRESS C#Y+S1-789 CITY-ST-ZIP Change ☐ Addition Delete 3JTH TITLE NAME MAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-SI-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP Change ☐ Addition ☐ Delete THLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP Change ☐ Addition TITLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-21P 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 oain; 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.

FILED