

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 08, 2005 8:00 am**  
**Secretary of State**

06-08-2005 90211 020 \*\*\*\*50.00

**DOCUMENT # L02000011441**



**20059901**



1. Entity Name  
**CENTURION TOBACCO, LLC**

Principal Place of Business  
**C/O EDUARDO A. FERNANDEZ  
3010 N.W. 79TH AVE.  
MIAMI, FL 33122**

Mailing Address  
**C/O EDUARDO A. FERNANDEZ  
3010 N.W. 79TH AVE.  
MIAMI, FL 33122**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

05122005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**90-0081558**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**DICKENSON, DAVID B  
980 N. FEDERAL HWY  
SUITE 410  
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS |                      |                                 | 10. ADDITIONS/CHANGES |  |   |
|------------------------------|----------------------|---------------------------------|-----------------------|--|---|
| TITLE                        | PD                   | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | FERNANDEZ, EDUARDO A |                                 | NAME                  |  |   |
| STREET ADDRESS               | 3010 N.W. 79TH AVE.  |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  | MIAMI, FL 33122      |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        | VPD                  | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | PALMER, PAUL         |                                 | NAME                  |  |   |
| STREET ADDRESS               | 3010 NW 79TH AVE     |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  | MIAMI, FL 33122      |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        |                      | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                      |                                 | NAME                  |  |   |
| STREET ADDRESS               |                      |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  |                      |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        |                      | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                      |                                 | NAME                  |  |   |
| STREET ADDRESS               |                      |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  |                      |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        |                      | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                      |                                 | NAME                  |  |   |
| STREET ADDRESS               |                      |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  |                      |                                 | 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]* **6/6/05** **(305) 591-9365**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #