

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 A
Secretary of State

DOCUMENT # L02000033440

1. Entity Name
DISCOUNT TOBACCO SHOP, LLC



Principal Place of Business
15236 OLD HWY. 441
TAVARES, FL 32778

Mailing Address
15236 OLD HWY. 441
TAVARES, FL 32778



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1668569	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

KHAN, SADEK
15236 OLD HWY. 441
TAVARES, FL 32778

**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

01-08-2008

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000778822
01/11/08-80012-024 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KHAN, SADEK
STREET ADDRESS	15236 OLD HWY. 441
CITY-ST-ZIP	TAVARES, FL 32778

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01-08-2008 352-504-6788