


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90098 011 ***138.75

DOCUMENT # L03000004664

1. Entity Name
HARBOR SMOKES, LLC



Principal Place of Business
**2310 TAMiami TRAIL, UNIT 1105
 PUNTA GORDA, FL 33950**

Mailing Address
**2310 TAMiami TRAIL, UNIT 1105
 PUNTA GORDA, FL 33950**

60044790



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

07072008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
86-1050563

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**STURGES, ERNEST W JR.
 18501 MURDOCK CIRCLE, SUITE 501
 PORT CHARLOTTE, FL 33948**

7. Name and Address of New Registered Agent
 Name **KENNETH A. HOFFMANN**
 Street Address (P.O. Box Number is Not Acceptable)
1212 EAST HANCOCK DRIVE
 City **DELTONA** FL Zip Code **32725**

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 **KENNETH A. HOFFMANN** *Kenneth A Hoffmann* **7/7/08**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required with reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALI, MOHAMMED A 2310 TAMiami TRAIL, UNIT 1105 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, SNIDER J 2310 TAMiami TRAIL, UNIT 1105 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **THOMAS J. SNIDER** *Thomas J. Snider* **7/10/08** **941-933-0211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #