2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State
05-02-2007 90337 025 ****50.00

DOCUMENT # L04000073352

1. Entity Name
SOUTH TAMPA CIGARS & ACCESSORIES LLC

Principal Place of Business	Mailing Address
1716 SO. DALE MABRY HWY TAMPA, FL 33629 US	1716 SO. DALE MABRY HWY TAMPA, FL 33629 US

DO NOT WRITE IN THIS SPACE

04172007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1727011
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOUTH TAMPA CIGARS & ACCESSORIES
1716 SO. DALE MABRY HWY
TAMPA, FL 33629

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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: Jack Lackey Pres 4/17/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	SOUTH TAMPA CIGARS & ACCESSORIES
STREET ADDRESS	1716 SO. DALE MABRY HWY
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jack Lackey 5.23.07 813.253.2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #