

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069922

**FILED**  
**Feb 21, 2009**  
**Secretary of State**

**Entity Name:** INTERNATIONAL SMOKING CESSATION CENTERS, LLC

**Current Principal Place of Business:**

13176 N DALE MABRY HWY  
SUITE 303  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

13176 N DALE MABRY HWY  
SUITE 303  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 61-1504645      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HINES, JAMES P SR.  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** HOGESTYN, JACKLYN L CEO  
**Address:** 5373 EHRLICH RD. STE. 203  
**City-St-Zip:** TAMPA, FL 33625

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** HOGESTYN, JACKLYN L CEO  
**Address:** 16515 NORWOOD DRIVE  
**City-St-Zip:** TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACKLYN L. HOGESTYN      CEO      02/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date