

L07000058129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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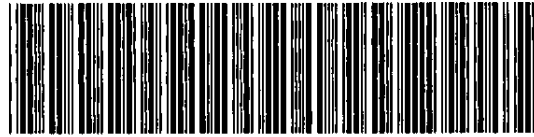
(Business Entity Name)

(Document Number)

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10 MAY 12 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 13 2010

EXAMINER

FF \$35

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLASSIC CIGARS LLC CHANGE OF ADDRESS
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT BONO
Name of Person

CLASSIC CIGARS LLC
Firm/Company

8B S US HWY 17/92
Address

DE BARY FL 32713
City/State and Zip Code

ROBERT BONO @ BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT BONO at (386) 668-6101
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

FILED
10 MAY 12 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CLASSIC CIGARS LLC

2. (a) Principal office address of limited liability company: _____



(Note: **MUST BE STREET ADDRESS**)

2735 S. WOODLAND BLVD
DELAND, FL 32720

(b) Mailing address of limited liability company: _____



(Note: **MAY BE POST OFFICE BOX**)

SAME

6/1/2007

3. Date of filing/registration in Florida

4. Document number

L 0700005812

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

ROBERT BONO

Registered Office Address:

15 RANCH TRAIL RD.
DEBARY, FL 32713

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

ROBERT BONO

NEW Registered Office Address:

8B S US HWY 17-92

(MUST BE FLORIDA STREET ADDRESS)

DEBARY, FL 32713

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robert Bono
(Signature of a member or authorized representative of a member)

ROBERT BONO
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

See above
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00