

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121014

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** THE LIBERTY CIGAR COMPANY, LLC

**Current Principal Place of Business:**

7350 S. TAMIAMI TIL  
SUITE 72  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

7350 S. TAMIAMI TIL  
SUITE 72  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 26-1541340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRIFFIS, JOHN W III  
2831 RINGLING BLVD., SUITE D-116  
SARASOTA, FL 34237 US

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

DOANE, ALDEN L  
7350 S. TAMIAMI TRAIL  
SUITE 72  
SARASOTA, FL 34231 US

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: ALDEN L. DOANE

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: DOANE, ALDEN L  
Address: 7350 SOUTH TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34231

Title: VP ( ) Delete  
Name: DOANE, JO ANN  
Address: 7350 SOUTH TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALDEN L. DOANE

PRES

04/30/2009

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