

2009 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUN 30 AM 10:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

100158014331
06/30/09--01046--002 **138.75

CR2E041 (10/08)

LIMITED LIABILITY
COMPANY

Annual report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 08000061866

1. Limited Liability Company's Name

TOBACCO STATE, LLC

2. Principal Office Address - No P.O. Box #

160 HARRIS LAKE DR

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

HAWTHORNE, FL

Zip

32640

Country

US

City & State

Zip

Country

4. State/Country of Formation

FLORIDA / US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

32-0252989

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MARK R. SPEARS

Street Address (P.O. Box Number is Not Acceptable)

160 HARRIS LAKE DR

Suite, Apt. #, Etc.

City

HAWTHORNE

State

FL

Zip Code

32640

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

6-26-09

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|------------|--------------------------------------|---|--------------------|
| <u>mgm</u> | <u>Mark R. Spears</u> | | |
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

[Signature]

Date

6-26-09

Daytime Phone #

352-610-0611

Typed or printed name of signing Managing Member/Manager

Mark Spears

N. Outman JUL 1 2009