

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097427

FILED  
Mar 01, 2009  
Secretary of State

Entity Name: LISTA-ORTIZ CIGARS LLC.

**Current Principal Place of Business:**

107 DEVONSHIRE CIRCLE  
WEST PALM BEACH, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

107 DEVONSHIRE CIRCLE  
WEST PALM BEACH, FL 33414

**New Mailing Address:**

FEI Number: 26-3632993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ORTIZ, LOUIS  
107 DEVONSHIRE CIRCLE  
WEST PALM BEACH, FL 33414 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: BRATT SYSTEMS INC.,  
Address: 107 DEVONSHIRE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGRM ( ) Delete  
Name: ANGELO LISTA INC.,  
Address: 1754 PALISADES DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33414

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ORTIZ, LOUIS A  
Address: 107 DEVONSHIRE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGRM (X) Change ( ) Addition  
Name: LISTA, ANGELO  
Address: 1754 PALISADES DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33414

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: LOUIS ORTIZ

MGRM

03/01/2009

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