2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2009
Secretary of State

DOCUMENT# L08000117430

Entity Name: HAVANA EXCLUSIVE CIGARS "LLC"

Current Principal Place of Business:

409 MANDALAY
CLEARWATER, FL 33767 US

New Principal Place of Business:

490 MANDALAY AVE SUITE 8 & 9
CLEARWATER BEACH, FL 33767 US

Current Mailing Address:

8812 ROCKSHIRE CT
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 26-3939296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DIEGO, LISSET H
8812 ROCKSHIRE CT
TAMPA, FL 33634 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: DIEGO, LISSET H
Address: 8812 ROCKSHIRE CT
City-St-Zip: TAMPA, FL 33634

Title: MGRM ( ) Delete
Name: PEREZ, YANDRY R
Address: 2313 W. ABDELLA ST
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DIEGO, LISSET H
Address: 8812 ROCKSHIRE CT
City-St-Zip: TAMPA, FL 33634

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: LISSET H DIEGO MGR 07/01/2009

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