

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000068453

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** RYO CIGARETTES OF ST LUCIE LLC

**Current Principal Place of Business:**

7560 S US HIGHWAY 1  
PORT ST LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

7560 S US HIGHWAY 1  
PORT ST LUCIE, FL 34952 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIORE, DAVID  
7560 S US HIGHWAY 1  
PORT ST LUCIE, FL 34952 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  
Name: FIORE, DAVID  
Address: 8729 WELLINGTON VIEW DR  
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: MGRM  
Name: FIORE, JUSTIN  
Address: 8729 WELLINGTON VIEW DR  
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: MGRM  
Name: MANCINI, DANIEL  
Address: 14765 128TH AVE N  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

I hereby 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:** DAVID FIORE

MGR

04/29/2011

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