

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000086005

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Entity Name:** CORDOBA & MORALES CIGARS LLC

**Current Principal Place of Business:**

239 LONGVIEW AVE #12214  
CELEBRATION, FL 32765 US

**New Principal Place of Business:**

239 LONGVIEW AVE #12214  
CELEBRATION, FL 34747 US

**Current Mailing Address:**

239 LONGVIEW AVE #12214  
CELEBRATION, FL 32765 US

**New Mailing Address:**

239 LONGVIEW AVE #12214  
CELEBRATION, FL 34747 US

**FEI Number:** 45-2860810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUSTAFA, AZARIAS  
239 LONGVIEW AVE #12214  
CELEBRATION, FL 34747 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: MUSTAFA, AZARIAS  
Address: 239 LONGVIEW AVE # 12214  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MGRM  
Name: MUSTAFA, OSNIEL  
Address: 2744 MYSTIC LAKE DR # 202  
City-St-Zip: OVIEDO, FL 32765 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: AZARIAS MUSTAFA

MGRM

04/15/2012

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