

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90348 035 ****50.00

DOCUMENT # L99000006172

1. Entity Name
AMERICAN THRUST TOBACCO, L.L.C.



Principal Place of Business
2 CHAMPLAIN ST.
ROUSES POINT, NY 12973-1503

Mailing Address
2 CHAMPLAIN ST.
ROUSES POINT, NY 12973-1503

20014866



2. Principal Place of Business
33 WEST SERVICE ROAD

3. Mailing Address
PO BOX 3355

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.

02242006 Chg-LLC CR2E083 (11/05)

City & State
CHAMPLAIN NY

City & State
CHAMPLAIN NY

4. FEI Number
52-2218252

Applied For
Not Applicable

Zip
12919

Country
USA

Zip
12919

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PLOUCH, L.M.
% ATKINSON, DINER, STONE, MANKUTA & PLOUCHA PA
1946 TYLER STREET
HOLLYWOOD, FL 33020-4517

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SMUK, RAYMOND
65 BRUNSWICK SUITE 115,
QUEBEC, H9B 2N4 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
9065-2314 QUEBEC INC
65 BRUNSWICK SUITE 115,
QUEBEC, H9B 2N4 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

NOTE
ADDRESS CHANGE

Raymond

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

06 MAR 06 518 298-5666