

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000168076

**Entity Name:** CIGAR CITY FASTENERS LLC

**Current Principal Place of Business:**

5008 W. LINEBAUGH AVE  
SUITE 54  
TAMPA, FL 33624

**Current Mailing Address:**

PO BOX 274187  
TAMPA, FL 33688 US

**FEI Number:** 46-4233013

**Certificate of Status Desired:** No

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

BELL, BRADLEY  
201 E. KENNEDY BLVD  
850  
TAMPA, FL 33602 US

*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

**Authorized Person(s) Detail :**

|                 |                    |                 |                      |
|-----------------|--------------------|-----------------|----------------------|
| Title           | PRESIDENT          | Title           | VP                   |
| Name            | NEUGEBAUER, ROBERT | Name            | NEUGEBAUER, FRANCINE |
| Address         | 11212 CLAYRIDGE DR | Address         | 11212 CLAYRIDGE DR.  |
| City-State-Zip: | TAMPA FL 33635     | City-State-Zip: | TAMPA FL 33635       |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT NEUGEBAUER

**PRESIDENT**

**01/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date