

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000030683

**Entity Name:** EL DON CIGARS LLC

**Current Principal Place of Business:**

9004 SW 215 STREET  
CUTLER BAY, FL 33189

**Current Mailing Address:**

9004 SW 215 STREET  
CUTLER BAY, FL 33189 US

**FEI Number:** 46-4904492

**Certificate of Status Desired:** No

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

FAGOT, GREGORY  
9004 SW 215 STREET  
CUTLER BAY, FL 33189 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	MGR	Title	MGR
Name	FAGOT, GREGORY A	Name	FAGOT, ALEXANDER N
Address	9004 SW 215 STREET	Address	9004 SW 215 STREET
City-State-Zip:	CUTLER BAY FL 33189	City-State-Zip:	CUTLER BAY FL 33189

*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:** GREGORY A FAGOT

**MANAGER**

**03/24/2018**

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

\_\_\_\_\_  
Date