

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000101526

**Entity Name:** CARIOLA'S FAMILY CIGARS LLC

**Current Principal Place of Business:**

7255 NW 19 STREET, SUITE E  
MIAMI, FL 33126

**Current Mailing Address:**

7255 NW 19 STREET, SUITE E  
MIAMI, FL 33126 UN

**FEI Number:** 47-4590772

**Certificate of Status Desired:** No

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

CARIOLA, MARIANO J  
7255 NW 19 STREET, SUITE E  
MIAMI, FL 33126 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  
Name CARIOLA CONSULTING LLC  
Address 7255 NW 19 STREET, SUITE E  
City-State-Zip: MIAMI FL 33126

Title MGR  
Name CARIOLA ENTERPRISES INC.  
Address 7255 NW 19 STREET, SUITE E  
City-State-Zip: MIAMI FL 33126

*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:** CARIOLA ENTERPRISES INC

MGR

02/10/2016

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

\_\_\_\_\_  
Date