

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000015220

**Entity Name:** CIGARETTE RACING TEAM APPAREL LLC.

**Current Principal Place of Business:**

2701 S. LE JEUNE RD 10TH FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2701 S. LE JEUNE RD 10TH FLOOR  
CORAL GABLES, FL 33134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

MSP RECOVERY LAW FIRM  
2701 S. LE JEUNE RD 10TH FLOOR  
CORAL GABLES, FL 33134 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 RUIZ, CRISTINA E  
Address 2701 S. LE JEUNE RD 10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name RUIZ, ALEXANDER M  
Address 2701 S. LE JEUNE RD 10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name RUIZ II, JOHN H  
Address 2701 S. LE JEUNE RD 10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name RUIZ, MAYRA C  
Address 2701 S. LE JEUNE RD 10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name RUIZ, JOHN H  
Address 2701 S. LE JEUNE RD 10TH FLOOR  
City-State-Zip: CORAL GABLES FL 33134

*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:** MAYRA C RUIZ

**MANAGER**

**03/03/2023**

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

\_\_\_\_\_  
Date