

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000035220

**Entity Name:** VAPED, L.L.C.

**Current Principal Place of Business:**

3800 US HIGHWAY 19 SOUTH  
ST. PETERSBURG, FL 33771

**Current Mailing Address:**

13216 DULANEY VALLEY ROAD  
GLEN ARM, MD 21057-9613 US

**FEI Number:** 20-0230945

**Certificate of Status Desired:** No

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

DAGIOS, PETER J  
2054 LOMA LINDA WAY SOUTH  
CLEARWATER, FL 33763 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 MGRM  
Name VOXAKIS, ANGELO  
Address 13216 DULANEY VALLEY ROAD  
City-State-Zip: GLEN ARM MD 21057

Title MGRM  
Name VOXAKIS, EUGENIA  
Address 13216 DULANEY VALLEY ROAD  
City-State-Zip: GLEN ARM MD 21057

Title MGRM  
Name DAGIOS, PETER J  
Address 2054 LOMA LINDA WAY S  
City-State-Zip: CLEARWATER FL 33763

*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:** ANGELO VOXAKIS

MGRM

04/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date