

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000076119

**Entity Name:** VAPIN CRAZY E-CIGS & JUICES, LLC

**Current Principal Place of Business:**

9310 US HWY 192  
STE 5  
CLERMONT, FL 34714

**Current Mailing Address:**

9310 US HWY 192  
STE 5  
CLERMONT, FL 34714 US

**FEI Number:** 46-2866998

**Certificate of Status Desired:** Yes

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

MITRE ACCOUNTING & TAX SERVICE, LLC  
15701 SR 50  
206  
CLERMONT, FL 34711 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 SHAW, BONNIE S  
Address 200 WHISPERING PINES WAY  
City-State-Zip: DAVENPORT FL 33837

Title MGR  
Name SHAW, TERRANCE  
Address 200 WHISPERING PINES WAY  
City-State-Zip: DAVENPORT FL 33837

*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:** TERRANCE SHAW

**MANAGER**

**03/19/2015**

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

\_\_\_\_\_  
Date