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.

MGR

SIGNATURE: TERRANCE J SHAW

Electronic Signature of Signing Authorized Person(s) Detail

2020 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

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. SIGN

Authorized i croon(3) Detail .	Authorized	Person(s) Detail :
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Title	MGRM	Title	MGR
Name	SHAW, BONNIE S	Name	SHAW, TERRANCE
Address	200 WHISPERING PINES WAY	Address	200 WHISPERING PINES WAY
City-State-Zip:	DAVENPORT FL 33837	City-State-Zip:	DAVENPORT FL 33837

IATURE:						
	Electronic Signature of Registered Agent					
orized Person(s) Detail :						
	MGRM	Title	MGR			
	SHAW, BONNIE S	Name	SHAW, TERRANCE			
22	200 WHISPERING PINES WAY	Address	200 WHISPERING PINES WAY			

FILED Jan 20, 2020 Secretary of State 5368562186CC

Certificate of Status Desired: Yes

01/20/2020 Date

Date