

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000144419

Entity Name: LONGWOOD SMOKER'S DREAMZ LLC

Current Principal Place of Business:

268 WEST STATE ROAD 434
LONGWOOD, FL 32750

Current Mailing Address:

268 W. SR 434
LONGWOOD, FL 32750 US

FEI Number: 46-3876189

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BASHIR, AFZAL
268 W. SR 434
LONGWOOD, FL 32750 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 AMBR
Name BASHIR, AFZAL
Address 268 W. SR 434
City-State-Zip: LONGWOOD FL 32750

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: AFZAL BASHIR

AMBR

03/18/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date