

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000166248

**Entity Name:** VAPE & SMOKE SHOP LLC

**Current Principal Place of Business:**

2699 BISCAYNE BLVD  
SUITE # 5  
MIAMI, FL 33137

**FILED**  
**Mar 18, 2014**  
**Secretary of State**  
**CC2176190945**

**Current Mailing Address:**

2072 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33028 US

**FEI Number: 46-4201517**

**Certificate of Status Desired: No**

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

GOVARIA, SAMMED  
2072 NORTH UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024 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            GOVARIA, SAMMED  
Address        2072 NORTH UNIVERSITY DRIVE  
City-State-Zip: PEMRBOKE PINES FL 33024

Title            MGRM  
Name            MITHA, SOHAIL  
Address        55 SE 6TH STREET, # 3410  
City-State-Zip: MIAMI, FL 33131

*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: SAMMED GOVARIA**

**MGRM**

**03/18/2014**

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

\_\_\_\_\_  
Date