

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000032375

**Entity Name:** VAPOR SHARK FLAGAMI, LLC

**Current Principal Place of Business:**

5201 INTERCHANGE WAY  
LOUISVILLE, KY 40299

**Current Mailing Address:**

5201 INTERCHANGE WAY  
LOUISVILLE, KY 40299 US

**FEI Number:** 46-4917495

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** JAMES M. HALPIN

01/24/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, CEO & MANAGER  
Name            WEXLER, LAWRENCE S.  
Address        5201 INTERCHANGE WAY  
City-State-Zip: LOUISVILLE KY 40299

Title            VP  
Name            BEARD, BRADLEY A.  
Address        5201 INTERCHANGE WAY  
City-State-Zip: LOUISVILLE KY 40299

Title            CFO & MANAGER  
Name            STEGEMAN, MARK A.  
Address        5201 INTERCHANGE WAY  
City-State-Zip: LOUISVILLE KY 40299

Title            SECRETARY & MANAGER  
Name            DOBBINS, JAMES  
Address        5201 INTERCHANGE WAY  
City-State-Zip: LOUISVILLE KY 40299

*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:** BRADLEY A. BEARD

VP

01/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date