

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000131361

**Entity Name:** VAPOR SHARK INTERNATIONAL FRANCHISING, LLC

**FILED**  
**Mar 29, 2017**  
**Secretary of State**  
**CC6373776095**

**Current Principal Place of Business:**

5000 SW 75 AVENUE  
SUITE 120  
MIAMI, FL 33155

**Current Mailing Address:**

5000 SW 75 AVENUE  
SUITE 120  
MIAMI, FL 33155 US

**FEI Number: 47-2004194**

**Certificate of Status Desired: No**

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

POLLACK, BRETTON I ESQ.  
44 WEST FLAGLER STREET  
SUITE 2050  
MIAMI, FL 33130 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           MANAGER  
Name           LEIDEL, BRANDON  
Address        5000 SW 75 AVENUE, SUITE 120  
City-State-Zip: MIAMI FL 33155

Title           VP  
Name           COOPER, GEORGE P.  
Address        5000 SW 75 AVENUE  
                  SUITE 120  
City-State-Zip: MIAMI FL 33155

Title           VP  
Name           BEARD, BRADLEY A.  
Address        5000 SW 75 AVENUE  
                  SUITE 120  
City-State-Zip: MIAMI FL 33155

Title           VP  
Name           FULTON, ANDREW J.  
Address        5000 SW 75 AVENUE  
                  SUITE 120  
City-State-Zip: MIAMI FL 33155

*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: BRANDON LEIDEL**

**MANAGER**

**03/29/2017**

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

\_\_\_\_\_  
Date