

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000143716

**Entity Name:** LEGION OF VAPE, LLC

**Current Principal Place of Business:**

475 FENTRESS BLVD  
STE L  
DAYTONA BEACH, FL 32114

**FILED**  
**Jan 12, 2016**  
**Secretary of State**  
**CC5397322271**

**Current Mailing Address:**

475 FENTRESS BLVD  
STE L  
DAYTONA BEACH, FL 32114 US

**FEI Number: 47-1879128**

**Certificate of Status Desired: No**

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

GLASSBERG, DAVID M ESQ  
13611 S DIXIE HIGHWAY #109-514  
MIAMI, FL 33176 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            PRESIDENT, COO, DIRECTOR  
Name            YURANYI, DANIEL  
Address        475 FENTRESS BLVD  
                  STE L  
City-State-Zip: DAYTONA BEACH FL 32114

Title            CEO, DIRECTOR  
Name            SIMMONDS, J. GRAHAM  
Address        475 FENTRESS BLVD  
                  STE L  
City-State-Zip: DAYTONA BEACH FL 32114

Title            CFO  
Name            KAPOOR, ASHISH  
Address        475 FENTRESS BLVD  
                  STE L  
City-State-Zip: DAYTONA BEACH FL 32114

*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: J. GRAHAM SIMMONDS**

**DIRECTOR**

**01/12/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date