

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000198311

**Entity Name:** HOLY SMOKES CIGAR AND PIPE SHOP, LLC

**Current Principal Place of Business:**

3921 HENDRICKS AVE.  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

3921 HENDRICKS AVE.  
JACKSONVILLE, FL 32207 US

**FEI Number:** 47-5648920

**Certificate of Status Desired:** No

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

MERRETT, JOHN  
301 WEST BAY ST.  
SUITE 1060  
JACKSONVILLE, FL 32202 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                  | Title           | AMBR                  |
| Name            | LEVERETT, LORI L      | Name            | LEVERETT, MORGAN C    |
| Address         | 3921 HENDRICKS AVE.   | Address         | 3921 HENDRICKS AVE.   |
| City-State-Zip: | JACKSONVILLE FL 32207 | City-State-Zip: | JACKSONVILLE FL 32207 |

*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:** LORI L LEVERETT

AMBR

03/06/2017

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

\_\_\_\_\_  
Date