

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000015006

Entity Name: FERN PARK SMOKER'S DREAMZ LLC

Current Principal Place of Business:

7800 US HWY 17 92
SUITE # 186
FERN PARK, FL 32730

Current Mailing Address:

7800 S US HWY 17/92
SUITE 186
FERN PARK, FL 32730 US

FEI Number: 81-1768489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BASHIR, AFZAL
7800 S US HWY 17/92
SUITE 186
FERN PARK, FL 32730 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
Name BASHIR, AFZAL
Address 7800 S US HWY 17/92
 SUITE 186
City-State-Zip: FERN PARK FL 32730

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: AFZAL BASHIR

AMBR

04/04/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date