

**2017 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

02/20/2017

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

\_\_\_\_\_ Date