

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000226725

**Entity Name:** LIFTED SPIRITS VAPE & MORE, LLC

**Current Principal Place of Business:**

324 ST JOHNS AVE  
PALATKA, FL 32177

**Current Mailing Address:**

324 ST JOHNS AVE  
PALATKA, FL 32177

**FEI Number:** 81-4697478

**Certificate of Status Desired:** Yes

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

LIEVERS, SHASTA M  
108 MILLER RD  
INTERLACHEN, FL 32148 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 MGR  
Name LIEVERS, SHASTA M  
Address 108 MILLER RD  
City-State-Zip: INTERLACHEN FL 32148

*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:** SHASTA LIEVERS

ONWER

04/08/2019

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

\_\_\_\_\_  
Date