

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000142632

**Entity Name:** LOST DREAMS VAPE CO LLC

**Current Principal Place of Business:**

6631 GREENE STREET  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

6631 GREENE STREET  
HOLLYWOOD, FL 33024

**FEI Number:** 83-0881247

**Certificate of Status Desired:** No

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

MANDEL, DANIEL  
6631 GREENE STREET  
HOLLYWOOD, FL 33024 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 MANDEL, DANIEL  
Address 6631 GREENE STREET  
City-State-Zip: HOLLYWOOD FL 33024

Title MGR  
Name EZZIO, KYLE Z  
Address 9 ELM STREET  
City-State-Zip: PEPPERELL MA 01463

*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:** DANIEL MANDEL

**MEMBER**

**04/25/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date