

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000198995

Entity Name: R.SMACKERZ LLC**Current Principal Place of Business:**1601-1 N MAIN ST #3159, SMB 3271
JACKSONVILLE, FL 32206**Current Mailing Address:**1601-1 N MAIN ST #3159, SMB 3271
JACKSONVILLE, FL 32206 US**FEI Number:** 83-1641887**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALCORP SOLUTIONS, LLC
3440 W HOLLYWOOD BLVD. SUITE 415
HOLLYWOOD, FL 33021 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:** TRAVIS CRABTREE OBO, LEGALCORP SOLUTIONS, LLC

02/12/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR
Name	FENELUS, RANDY
Address	99 NW 183RD STREET 128C
City-State-Zip:	MIAMI GARDENS FL 33169

Title	AMBR
Name	SALVADOR, CLAUDIA
Address	99 NW 183RD STREET 128C
City-State-Zip:	MIAMI GARDENS FL 33169

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: RANDY FENELUS

OWNER

02/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date