

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000025865

**Entity Name:** SMILE AWHILE HEMPORIUM LLC

**Current Principal Place of Business:**

130 US HWY 441  
LADY LAKE, FL 32159

**Current Mailing Address:**

8725 SE 155TH PL  
SUMMERFIELD, FL 34491 US

**FEI Number:** 83-3393446

**Certificate of Status Desired:** No

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

TIMSON, CHRISTINA  
8725 SE 155TH PL  
SUMMERFIELD, FL 34491 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            PRESIDENT  
Name            TIMSON, CHRISTINA  
Address        8725 SE 155TH PL  
City-State-Zip: SUMMERFIELD FL 34491

*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:** CHRISTINA TIMSON

**PRESIDENT/OWNER**

**06/01/2020**

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

\_\_\_\_\_  
Date