

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000227673

**Entity Name:** GYRE VAPES LLC

**Current Principal Place of Business:**

4132 CARAMBOLA CIRCLE S  
101  
COCONUT CREEK, FL 33066

**Current Mailing Address:**

4132 CARAMBOLA CIRCLE S  
101  
COCONUT CREEK, FL 33066 US

**FEI Number:** 84-5182404

**Certificate of Status Desired:** No

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

CRESPO, FERNANDO H  
4132 CARAMBOLA CIRCLE S  
101  
COCONUT CREEK, FL 33066 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 CRESPO, FERNANDO H  
Address 4132 CARAMBOLA CRICLE S # 101  
City-State-Zip: COCONUT CREEK FL 33066

Title AR  
Name CRESPO, JORGE S  
Address 4132 CARAMBOLA CRICLE S # 101  
City-State-Zip: COCONUT CREEK FL 33066

Title AR  
Name WRIGHT, JOSHUA  
Address 151 N NOB HILL RD  
City-State-Zip: PLANTATION FL 33324

Title AR  
Name GARCIA, NICOLE S  
Address 4159 N MOZART STREET  
City-State-Zip: CHICAGO IL 60618

*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:** FERNANDO CRESPO

P

02/01/2021

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

\_\_\_\_\_  
Date