

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000229157

**Entity Name:** COME SMOKE WIT ME, LLC

**Current Principal Place of Business:**

5190 TURNPIKE FEEDER ROAD  
FORT PIERCE, FL 34951

**Current Mailing Address:**

6121 SPRING LAKE TERR  
FORT PIERCE, FL 34951 US

**FEI Number: 84-2993669**

**Certificate of Status Desired: Yes**

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

ALICE Z. BOATWRIGHT  
6121 SPRING LAKE TERR  
FORT PIERCE, FL 34951 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 ED OWENS  
Address 3631 KIRKPATRICK CIR UNIT 15  
City-State-Zip: JACKSONVILLE FL 32201

Title MGR  
Name DARIN SLATER  
Address 111 SANDALWOOD DRIVE  
City-State-Zip: FORT PIERCE FL 34947

Title MANAGER  
Name ADMINISTRATOR ALICE Z BOATWRIGHT  
Address 6121 SPRING LAKE TERR  
City-State-Zip: FORT PIERCE FL 34951

Title OWNER  
Name ALICE Z BOATWRIGHT  
Address 6121 SPRING LAKE TERR  
City-State-Zip: FORT PIERCE FL 34951

*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: ALICE Z BOATWRIGHT**

**OWNER**

**04/07/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date