

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000106396

**Entity Name:** BROWN EYED SMOKE, LLC

**Current Principal Place of Business:**

15501 BRUCE B DOWNS BLVD  
APT 2302  
TAMPA, FL 33647

**Current Mailing Address:**

P.O. BOX 47224  
TAMPA, FL 33646

**FEI Number:** 85-1386925

**Certificate of Status Desired:** No

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

ALBURY, TIFFANI A  
15501 BRUCE B DOWNS BLVD  
APT 2302  
TAMPA, FL 33647 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 AR  
Name ALBURY, TIFFANI A  
Address 15501 BRUCE B DOWNS BLVD, APT  
2302  
City-State-Zip: TAMPA FL 33647

*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:** TIFFANI A. ALBURY

**OWNER**

**04/30/2021**

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

\_\_\_\_\_ Date