

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000054382

Entity Name: SMOKIN AUTOMOTIVE LLC

Current Principal Place of Business:

908 W MAUD ST
TAVARES, FL 32778

Current Mailing Address:

908 W MAUD ST
TAVARES, FL 32778

FEI Number: 86-2069652

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COULBOURNE, CHRISTOPHER M
908 W MAUD ST
TAVARES, FL 32778 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: CHRISTOPHER COULBOURNE

04/04/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	AUTHORIZED REPRESENTATIVE
Name	COULBOURNE, CHRISTOPHER	Name	COULBOURNE, MELISSA M
Address	908 W MAUD ST	Address	908 W MAUD ST
City-State-Zip:	TAVARES FL 32778	City-State-Zip:	TAVARES FL 32778

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: CHRISTOPHER COULBOURNE

OWNER

04/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date