

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000079267

**Entity Name:** SMOKE PHARM LLC

**Current Principal Place of Business:**

7177 WEST BROWARD BLVD.  
PLANTATION, FL 33317

**Current Mailing Address:**

7177 WEST BROWARD BLVD.  
PLANTATION, FL 33317 US

**FEI Number:** 86-2254508

**Certificate of Status Desired:** No

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

BILLOO, YASIR ESQ.  
2122 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 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 ABID, MOHAMMED U  
Address 7177 WEST BROWARD BLVD.  
City-State-Zip: PLANTATION FL 33317

Title MGR  
Name KATIA, ASIF  
Address 7177 WEST BROWARD BLVD.  
City-State-Zip: PLANTATION FL 33317

Title MGR  
Name GILLE, BRANDON  
Address 7177 WEST BROWARD BLVD.  
City-State-Zip: PLANTATION FL 33317

*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:** ASIF KATIA

**MANAGER**

**04/05/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date