

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000187484

**Entity Name:** 305 VAPES LLC

**Current Principal Place of Business:**

41 S E 5 TH STREET UNIT CU 2  
CU 2  
MIAMI, FL 33131

**Current Mailing Address:**

1521 ALTON RD 289 MIAMI BEACH  
MIAMI BEACH, FL 33139 UN

**FEI Number:** 88-2188694

**Certificate of Status Desired:** No

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

DEPALMA, GIANFRANCO  
1521 ALTON RD 289 MIAMI BEACH  
MIAMI BEACH, FL 33139 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 AUTHORIZED MEMBER  
Name DE PALMA, GIAN FRANCO  
Address 1521 ALTON RD 289  
City-State-Zip: MIAMI BEACH FL 33139

*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:** GIAN FRANCO DE PALMA

MGR

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date