

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000395276

**Entity Name:** SMOKE EXCHANGE LYNN HAVEN LLC

**Current Principal Place of Business:**

2105 HWY 77 S  
UNIT 4  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

2105 HWY 77 S  
UNIT 4  
LYNN HAVEN, FL 32444 US

**FEI Number:** 92-0292317

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA  
1840 SW 22ND ST 4TH FLOOR  
MIAMI, FL 33145 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	Title	MGR
Name	TRAN, TINA	Name	LE, ADAMS
Address	2105 HWY 77 S UNIT 4	Address	2105 HWY 77 S UNIT 4
City-State-Zip:	LYNN HAVEN FL 32444	City-State-Zip:	LYNN HAVEN FL 32444

*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:** TINA TRAN

AMBR

01/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date