

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000441131

**Entity Name:** SMOKEX LLC

**Current Principal Place of Business:**

18459 PINES BLVD  
196  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18459 PINES BLVD  
196  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 92-0697553

**Certificate of Status Desired:** No

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

LEJARDI, TABIT  
19440 SW 54 STREET  
MIRAMAR, FL 33029 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 LEJARDI, TABIT  
Address 19440 SW 54 STREET  
City-State-Zip: MIRAMAR FL 33029

*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:** TABIT LEJARDI

MGR

01/06/2023

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

\_\_\_\_\_  
Date