

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000197443

**Entity Name:** MY VAPE DISTRIBUTION LLC

**Current Principal Place of Business:**

268 W SR 434  
LONGWOOD, FL 32750

**Current Mailing Address:**

268 W SR 434  
LONGWOOD, FL 32750

**FEI Number:** 92-3674601

**Certificate of Status Desired:** No

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

BASHIR, AFZAL  
268 W SR 434  
LONGWOOD, FL 32750 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	AMBR	Title	AMBR
Name	BASHIR, AFZAL	Name	RASHID, OMAR S
Address	268 W SR 434	Address	268 W SR 434
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750

*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:** RASHID , OMAR S

AMBR

04/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date