

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035220

Entity Name: VAPED, L.L.C.

FILED
Jan 24, 2006
Secretary of State

Current Principal Place of Business:

2054 LOMA LINDA WAY S
CLEARWATER, FL 33763

New Principal Place of Business:

3801 34TH STREET SOUTH
ST. PETERSBURG, FL 33763

Current Mailing Address:

13216 DULANEY VALLEY RD
GLEN ARM, MD 210579613

New Mailing Address:

13216 DULANEY VALLEY ROAD
GLEN ARM, MD 210579613 US

FEI Number: 20-0230945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAGIOS, PETE
2054 LOMA LINDA WAY S
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VOXAKIS, ANGELO
Address: 13216 DULANEY VALLEY RD
City-St-Zip: GLEN ARM, MD 21057 US

Title: MGRM () Delete
Name: VOXAKIS, EUGENIA
Address: 13216 DULANEY VALLEY RD
City-St-Zip: GLEN ARM, MD 21057 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: DAGIOS, PETER J
Address: 2054 LOMA LINDA WAY S
City-St-Zip: CLEARWATER, FL 33763 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANGELO VOXAKIS

MGRM

01/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date