

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035220

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: VAPED, L.L.C.

**Current Principal Place of Business:**

3800 US HIGHWAY 19 S  
ST. PETERSBURG, FL 33771 US

**New Principal Place of Business:**

**Current Mailing Address:**

13216 DULANEY VALLEY ROAD  
GLEN ARM, MD 210579613 US

**New Mailing Address:**

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

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/08/2008

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