2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088222

Entity Name: VAPOR TECH SOLUTIONS, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1017 WILLOE DR. 1017 WILLOW DR. LEESBURG, FL 34748 LEESBURG, FL 34748

Current Mailing Address: New Mailing Address:

1017 WILLOE DR. 1017 WILLOW DR. LEESBURG, FL 34748 LEESBURG, FL 34748

FEI Number: 22-3942484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC
12000 N. DALE MABRY HWY
#110
TAMPA, FL 33618 US

SMITH, SHARON L
1017 WILLOW DRIVE
LEESBURG, FL 34748 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: SHARON L SMITH 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: SMITH, SHARON L SMITH, SHARON L Address 4001 SMITH, SHARON L

 Address:
 1069 ISLAND WAY
 Address:
 1017 WILLOW DRIVE

 City-St-Zip:
 LEESBURG, FL 34748 US
 City-St-Zip:
 LEESBURG, FL 34748 US

Title: MGR () Delete Title: () Change () Addition Name: BROWN, STEVEN T Name:

 Name:
 BROWN, STEVEN T
 Name:

 Address:
 26039 MEADOWBROOK LANE
 Address:

 City-St-Zip:
 LEESBURG, FL 34748 US
 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: SHARON L. SMITH MGR 04/30/2009