2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# L08000103709

Entity Name: SMOKINGLEGALLY, LLC

Current Principal Place of Business:

16850 COLLINS AVE
102
MIAMI, FL 33160

New Principal Place of Business:

17810 W. DIXIE HWY SUITE A
MIAMI, FL 33160

Current Mailing Address:

16850 COLLINS AVE
102
MIAMI, FL 33160

New Mailing Address:

17810 W. DIXIW HWY
MIAMI, FL 33160

FEI Number: 26-3667609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KIERSZ, ALFREDO E
21015 NE 32 AVE
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

SZWARC, MARIO
16850 COLLINS AVENUE SUITE 102
SUNNY ISLES, FL 33160 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: MARIO SZWARC 05/13/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: KIERSZ, ALFREDO E
Address: 21015 NE 32 AVE
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM ( ) Delete
Name: SZWARC, MARIO R
Address: 16850 COLLINS AVE, SUITE 102
City-St-Zip: MIAMI, FL 33160

ADDITIONS/CHANGES:

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: MARIO SZWARC MGR 05/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date