

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000132229

Entity Name: EXHALE VAPOR LLC

**FILED**  
**Oct 28, 2013**  
**Secretary of State**

## **Current Principal Place of Business:**

19451 COCHRAN BLVD  
300  
PORT CHARLOTTE, FL 33948

## **Current Mailing Address:**

2710 CAPE CORAL PKWY W  
CAPE CORAL, FL 33914 UN

## **New Principal Place of Business:**

2191 TAMIAMI TRL  
B  
PORT CHARLOTTE, FL 33948

## **New Mailing Address:**

2191 TAMIAMI TRL  
B  
PORT CHARLOTTE, FL 33948 UN

FEI Number: 46-1041984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALLEN, MICHELLE  
2710 CAPE CORAL PKWY W  
APT/SUITE  
CAPE CORAL, FL 33914 US

## **Name and Address of New Registered Agent:**

ALLEN, MICHELLE  
512 W ARCHER PKWY  
CAPE CORAL, FL 33904 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: MICHELLE ALLEN

10/28/2013

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALLEN, MICHELLE  
Address: 512 W ARCHER PKWY  
City-St-Zip: CAPE CORAL, FL 33904 UN

I hereby 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: MICHELLE ALLEN

MGRM

10/28/2013

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