50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L96000000862

1. Entity Name
SMOKE AWAY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -2 AM 10:16

Principal Place of Business	Mailing Address
1016 COLLIER CENTER WAY, STE 103 NAPLES, FL 34110	1016 COLLIER CENTER WAY, STE 103 NAPLES, FL 34110

01102006No Chg-LLC CR2E083 (11/05)

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4. FEI Number
65-0685861

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CONNORS, MICHAEL J
1016 COLLIER CENTER WAY, STE #103
NAPLES, FL 34110

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CONNORS, MICHAEL J
STREET ADDRESS	1016 COLLIER CENTER WAY #103
CITY ST ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Michael J. Connors Manager 1/13/06 2392540175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime phone #