

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000039405

**Entity Name:** TRUVAPES, LLC

**Current Principal Place of Business:**

21365 CYRPRESS HAMMOCK DR.  
20 J  
BOCA RATON, FL 33428

**Current Mailing Address:**

21365 CYRPRESS HAMMOCK DR.  
20 J  
BOCA RATON, FL 33428

**FEI Number:** 45-4866400

**Certificate of Status Desired:** No

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

REPPAS, MICHAEL ESQ  
7850 NW 146TH STREET  
SUITE 501  
MIAMI LAKES, FL 33016 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PANAY, CONSTANTINE  
Address 21365 CYPRESS HAMMOCK DR. #20J  
City-State-Zip: BOCA RATON FL 33428

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CONSTANTINE PANAY

MGR

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date