

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000047810

**Entity Name:** SMOKERS DEPOT LLC

**Current Principal Place of Business:**

525 SR 16  
UNIT 113  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

525 S.R 16  
UNIT #113  
ST AUGSUTINE, FL 32084 US

**FEI Number:** 45-4989193

**Certificate of Status Desired:** No

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

HORNYAK, MARTA  
220 E PISA PL  
ST AUGUSTINE, FL 32084 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 MGRM  
Name HORNYAK, MARTA  
Address 220 E PISA PL  
City-State-Zip: ST AUGUSTINE FL 32084

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARTA HORNYAK

MGR

03/24/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date