

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000057772

**Entity Name:** RASTA VAPORS LLC

**Current Principal Place of Business:**

11250 OLD ST AUGUSTINE RD STE 15193  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

11250 OLD ST. AUGUSTINE ROAD  
SUITE 15193  
JACKSONVILLE, FL 32257 US

**FEI Number:** 46-2577000

**Certificate of Status Desired:** No

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

REGISTERED AGENTS, INC.  
3030 N. ROCKY POINT DRIVE  
SUITE 150A  
TAMPA, FL 33607 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 AR  
Name CLEVELAND, WILLIAM KEVIN  
Address 11250 OLD ST. AUGUSTINE ROAD,  
STE. 15193  
City-State-Zip: JACKSONVILLE FL 32257

*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:** JOHN KENNEALLY ON BEHALF OF WILLIAM KEVIN AR  
CLEVELAND

03/02/2015

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

\_\_\_\_\_  
Date