

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000172631

**Entity Name:** LIFESTYLE SMOKE SHOP, LLC

**Current Principal Place of Business:**

712 S. HWY 17-92  
LONGWOOD, FL 32750

**Current Mailing Address:**

712 S HWY 17-92  
LONGWOOD, FL 32750 US

**FEI Number:** 47-2270751

**Certificate of Status Desired:** No

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

KONICKI, KRISTOPHER JOSEPH  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 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:** KRISTOPHER KONICKI

08/22/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	KONICKI, DIANA LEE	Name	KONICKI, KRISTOPHER
Address	1641 S KIRKMAN RD., APT. 392	Address	8201 OLYMPIA CT
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	LONGWOOD FL 32779

*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:** KRISTOPHER KONICKI

**OWNER**

08/22/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date