

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000128411

Entity Name: ALL WAYS VAPOR, LLC

Current Principal Place of Business:

8716 LONE STAR ROAD JACKSONVILLE, FL 32211
JACKSONVILLE, FL 32211

Current Mailing Address:

8716 LONE STAR ROAD JACKSONVILLE, FL 32211
JACKSONVILLE, FL 32211 US

FEI Number: 47-4633853

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARMSTRONG, PAUL J
8716 LONE STAR ROAD JACKSONVILLE, FL 32211
JACKSONVILLE, FL 32211 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: PAUL J ARMSTRONG

02/16/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ARMSTRONG, PAUL J	Name	ARMSTRONG, JACQUELINE G
Address	8716 LONE STAR ROAD JACKSONVILLE, FL 32211	Address	8716 LONE STAR ROAD JACKSONVILLE, FL 32211
City-State-Zip:	JACKSONVILLE FL 32211	City-State-Zip:	JACKSONVILLE FL 32211

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: PAUL ARMSTRONG

MANAGER

02/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date