

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000000589

Entity Name: DR VAPE IT LLC

Current Principal Place of Business:

4829 E HIGHWAY 22
PANAMA CITY, FL 32404

Current Mailing Address:

4829 E HIGHWAY 22
PANAMA CITY, FL 32404 US

FEI Number: 46-4236526

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KINEARD, ARTHUR
4829 E HIGHWAY 22
PANAMA CITY, FL 32404 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 PRESIDENT
Name KINEARD, ARTHUR LLOYD III
Address 2404 CORAL DR
City-State-Zip: LYNN HAVEN FL 32444

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: ARTHUR KINEARD

MGR

03/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date