

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000088705

**Entity Name:** WYNWOODS GLASS & VAPE LLC

**Current Principal Place of Business:**

2605 N. MIAMI AVE  
MIAMI, FL 33127

**Current Mailing Address:**

2605 N. MIAMI AVE  
MIAMI, FL 33127 US

**FEI Number:** 82-1320575

**Certificate of Status Desired:** No

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

ALARCON, SHAWN M  
2605 N. MIAMI AVE  
MIAMI, FL 33127 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           | AMBR             | Title           | AMBR                       |
| Name            | ALARCON, SHAWN M | Name            | CLIFTON, ISABEL            |
| Address         | 467 SW 7 ST #4   | Address         | 1860 NE 174 ST             |
| City-State-Zip: | MIAMI FL 33130   | City-State-Zip: | NORTH MIAMI BEACH FL 33162 |

*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:** SHAWN M ALARCON

AMBR

04/27/2019

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

\_\_\_\_\_  
Date