

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000273122

**Entity Name:** BROTHERS VAPE & SMOKE SHOP 2 LLC

**Current Principal Place of Business:**

5800 54TH AVE N  
5800-B  
KENNETH CITY, FL 33709

**Current Mailing Address:**

5800 54TH AVE N  
5800-B  
KENNETH CITY, FL 33709

**FEI Number:** 87-1186138

**Certificate of Status Desired:** No

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

ALBISHAWI, THAER  
5800 54TH AVE N  
UNIT 5800-B  
KENNETH CITY, FL 33709 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  
Name ALBISHAWI, THAER  
Address 5800 54TH AVE N UNIT 5800-B  
City-State-Zip: KENNETH CITY FL 33709

Title AMBR  
Name ALHUDARE, MOHAMMAD  
Address 5800 54TH AVE N UNIT 5800-B  
City-State-Zip: KENNETH CITY FL 33709

Title AMBR  
Name ALHUDARE, ODAI  
Address 5800 54TH AVE N UNIT 5800-B  
City-State-Zip: KENNETH CITY FL 33709

Title AMBR  
Name ALHUDARE, AMRO  
Address 5800 54TH AVE N UNIT 5800-B  
City-State-Zip: KENNETH CITY FL 33709

*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:** THAER ALBISHAWI

**OWNER**

**01/31/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date