

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000095669

**Entity Name:** 419 SMOKE SHOP HC 2 LLC

**Current Principal Place of Business:**

740 WEST MAIN STREET  
BUILDING 1 SUITE 2  
HAINES CITY, FL 33844

**Current Mailing Address:**

740 WEST MAIN STREET  
BUILDING 1 SUITE 2  
HAINES CITY, FL 33844 US

**FEI Number:** 88-0984576

**Certificate of Status Desired:** No

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

LICATA, ROBERT E  
740 WEST MAIN STREET  
BUILDING 1 SUITE 2  
HAINES CITY, FL 33844 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 LICATA, ROBERT E  
Address 740 WEST MAIN STREET  
BUILDING 1 SUITE 2  
City-State-Zip: HAINES CITY FL 33844

*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:** LICATA , ROBERT E

AMBR

01/05/2023

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

\_\_\_\_\_  
Date