

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000046760

**Entity Name:** SMILE STUDIO HEALTH CLUB OF DORAL LLC

**Current Principal Place of Business:**

4201 NW 107TH AVE  
DORAL, FL 33178

**Current Mailing Address:**

4201 NW 107TH AVE  
DORAL, FL 33178

**FEI Number: 46-2410218**

**Certificate of Status Desired: No**

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

BELTRAN ACCOUNTING SERVICES CORP  
6303 BLUE LAGOON DR  
SUITE 400  
MIAMI, FL 33126 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 MGRM  
Name GONZALEZ, RAUL C DR  
Address 1760 CORAL WAY  
City-State-Zip: CORAL GABLES FL 33145

*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: RAUL GONZALEZ** \_\_\_\_\_

**OWNER**

**06/16/2015**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date