

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000135871

**Entity Name:** SMILE STUDIO WELLNESS CENTER AT DORAL LLC

**Current Principal Place of Business:**

4207 NW 107TH AVE  
DORAL, FL 33178

**Current Mailing Address:**

4207 NW 107TH AVE  
DORAL, FL 33178

**FEI Number: 38-3938826**

**Certificate of Status Desired: Yes**

**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 SMILE STUDIO HEALTH CLUB OF DORAL LLC  
Address 4201 NW 107TH AVE  
City-State-Zip: DORAL FL 33178

Title MGRM  
Name CONSORCIO W LLC  
Address 8229 NW 68ST  
City-State-Zip: MIAMI FL 33166

Title MGRM  
Name WELLNESS CRYO & SPA LLC  
Address 8775 NW 114TH PL  
City-State-Zip: DORAL FL 33178

*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: JOHN PEREZ**

**MGR**

**04/27/2015**

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

\_\_\_\_\_  
Date