

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000110123

**Entity Name:** SMILE AESTHETICS LLC

**Current Principal Place of Business:**

7771 NW 7TH ST  
APT 917  
MIAMI , FL 33126

**Current Mailing Address:**

7771 NW 7TH ST  
APT 917  
MIAMI , FL 33126 US

**FEI Number:** 82-1601028

**Certificate of Status Desired:** No

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

PORTIELES, WILLIAM  
7771 NW 7TH ST  
APT 917  
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 AMBR  
Name PORTIELES, WILLIAM  
Address 7771 NW 7TH ST  
APT 917  
City-State-Zip: MIAMI FL 33126

*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:** WILLIAM PORTIELES

AMBR

04/10/2018

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

\_\_\_\_\_  
Date