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: SANDRA CUARTAS

Electronic Signature of Signing Authorized Person(s) Detail

OWNER

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: SMILE 18 REALTY, LLC

Current Principal Place of Business:

10650 WEST STATE ROAD 84 SUITE 213 DAVIE, FL 33324

Current Mailing Address:

10650 WEST STATE ROAD84 SUITE 213 DAVIE, FL 33324 US

FEI Number: 82-2519298

Name and Address of Current Registered Agent-

CUARTAS, SANDRA 492 FISHTAIL TERR WESTON, FL 33327

The above named entit da.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	CUARTAS, SANDRA P	Name	CUARTAS, JAIME
Address	492 FISHTAIL TERRACE	Address	492 FISHTAIL TERRACE
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327

ess of current Registered Agent:	
A P ACE 7 US	
y submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of F	lorie

Certificate of Status Desired: No

03/19/2020

FILED Mar 19, 2020 Secretary of State 2484677258CC

Date