

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000061095

**Entity Name:** SMILE VENTURES, LLC

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE, STE. 1205  
CORAL GABLES, FL 33134

**Current Mailing Address:**

201 ALHAMBRA CIRCLE, STE. 1205  
CORAL GABLES, FL 33134 US

**FEI Number:** 82-4927356

**Certificate of Status Desired:** No

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

TONARELLI, SARA D  
2560 TIGERTAIL AVENUE  
#8  
COCONUT GROVE, FL 33133 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           MANAGER  
Name           TONARELLI, SARA  
Address       2560 TIGERTAIL AVENUE  
                  #8  
City-State-Zip: COCONUT GROVE FL 33133

*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:** SARA TONARELLI

**MANAGER**

**04/29/2019**

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

\_\_\_\_\_  
Date