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: DANIEL T. QUEVEDO

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

121 BRIDGEVIEW CT. LONGWOOD, FL 32779

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

QUEVEDO, DANIEL T 121 BRIDGEVIEW CT. LONGWOOD, FL 32779 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

Authorized Person(s) Detail :

Title	MGR	Title	AR
Name	QUEVEDO, DANIEL T	Name	QUEVEDO, MELISSA A
Address	121 BRIDGEVIEW CT.	Address	121 BRIDGEVIEW CT.
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779

LONGWOOD, FL 32779

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L18000268747

Entity Name: MILES OF SMILES CRUISES & TRAVEL, LLC

Certificate of Status Desired: No

FILED Apr 08, 2019 Secretary of State 7334413007CC

Date

04/08/2019 Date

OWNER