

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000212061

**Entity Name:** MILES TO SMILES LLC

**Current Principal Place of Business:**

8000 CYPRESS DRIVE  
FORT MYERS, FL 33967

**Current Mailing Address:**

8000 CYPRESS DRIVE  
FORT MYERS, FL 33967 US

**FEI Number:** 85-1529039

**Certificate of Status Desired:** No

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

CONNOR, PAULA B  
5237 SUMMERLIN COMMONS BLVD  
113  
FORT MYERS, FL 33907 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 MGR  
Name WAY, NATALIE  
Address 8000 CYPRESS DRIVE N  
City-State-Zip: FORT MYERS FL 33967

*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:** NATALIE WAY

**MANAGER**

**04/25/2022**

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

\_\_\_\_\_  
Date