

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000441438

**Entity Name:** SEA OF SMILES 2, PLLC

**Current Principal Place of Business:**

5442 LAND O LAKES BLVD.  
LAND O LAKES, FL 34639

**Current Mailing Address:**

5442 LAND O LAKES BLVD.  
LAND O LAKES, FL 34639 UN

**FEI Number: 87-3114038**

**Certificate of Status Desired: No**

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

LAPRESTI, LISA  
20105 FAIR HILL WAY  
TAMPA, FL 33647 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	P	Title	VP
Name	LAPRESTI, LISA	Name	LAPRESTI, MARK
Address	20105 FAIR HILL WAY	Address	20105 FAIR HILL WAY
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647

*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: MARK LAPRESTI**

**PRESIDENT**

**04/25/2023**

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

\_\_\_\_\_  
Date