

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000149100

**Entity Name:** SMILE ALLIANCE LLC

**Current Principal Place of Business:**

2100 N OCEAN BLVD  
28A  
FORT LAUDERDALE, FL 33305

**Current Mailing Address:**

2100 N OCEAN BLVD  
28A  
FORT LAUDERDALE, FL 33305

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HALIKIAS, LENA  
2100 N OCEAN BLVD  
28A  
FORT LAUDERDALE, FL 33305 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 HALIKIAS, LENA  
Address 2100 N OCEAN BLVD, 28A  
City-State-Zip: FORT LAUDERDALE FL 33305

*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:** LENA HALIKIAS

**CEO**

**02/27/2023**

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

\_\_\_\_\_  
Date