

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000360812

**Entity Name:** TOP TIER SMILES LLC

**Current Principal Place of Business:**

643 NE 1ST STREET  
POMAPNO BEACH, FL 33060

**Current Mailing Address:**

643 NE 1ST STREET  
POMAPNO BEACH, FL 33060

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FAUSTIN, CREKI  
643 NE 1ST STREET  
POMPANO BEACH, FL 33064 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  
Name FAUSTIN, CREKI  
Address 643 NE 1ST STREET  
City-State-Zip: POMPANO BEACH FL 33064

Title VP  
Name VASQUEZ, EBER  
Address 3311 NE 5TH AVE  
City-State-Zip: POMAPNO BEACH FL 33064

*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:** CREKI FAUSTIN

**PRESIDENT**

**01/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date