

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000114052

Entity Name: SMILES, LLC

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2999 NE 191 STREET  
PH 8  
AVENTURA, FL 33180 US

## **Current Mailing Address:**

2999 NE 191 STREET  
PH 8  
AVENTURA, FL 33180 US

## **New Principal Place of Business:**

19300 WEST DIXIE HWY  
SUITE #4  
NORTH MIAMI, FL 33180 US

## **New Mailing Address:**

19300 WEST DIXIE HWY  
SUITE #4  
NORTH MIAMI, FL 33180 US

FEI Number: 38-3826027

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALLADARES GARCIA, ISMAEL  
2999 NE 191 STREET  
PH 8  
AVENTURA, FL 33180 US

## **Name and Address of New Registered Agent:**

FLORIDA MANAGEMENT PROPERTY  
19300 WEST DIXIE HWY  
SUITE #4  
NORTH MIAMI, FL 33180 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: MIGUEL LULINSKI

04/19/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VALLADARES GARCIA, ISMAEL  
Address: 19300 WEST DIXIE HWY SUITE #4  
City-St-Zip: NORTH MIAMI, FL 33180 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ISMAEL VALLADARES GARCIA

MGRM

04/19/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date