

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90109 014 \*\*\*\*50.00

DOCUMENT # L99000003491

1. Entity Name  
SMILA, LLC



Principal Place of Business  
1790 CORAL WAY  
SUITE 200 ~~200~~ 100  
MIAMI, FL 33145

Mailing Address  
1790 CORAL WAY  
SUITE 200 ~~200~~ 100  
MIAMI, FL 33145

20009737



01242006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0934105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

STAFFORD, STORMIE  
1790 CORAL WAY THIRD FLOOR ~~3RD FLOOR~~ STE. 100  
MIAMI, FL 33145

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LEVITAN, AIDA
STREET ADDRESS	1790 CORAL WAY, 3RD FLOOR STE. 100
CITY-ST-ZIP	MIAMI, FL 33145

TITLE	MGRM
NAME	SANCHEZ, FAUSTO
STREET ADDRESS	1790 CORAL WAY, 3RD FLOOR STE. 100
CITY-ST-ZIP	MIAMI, FL 33145

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: FAUSTO SANCHEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/11/2006 305.527.9062

Date

Daytime Phone #