# 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: SMILEY, SCOTT

Electronic Signature of Signing Authorized Person(s) Detail

# **Current Mailing Address:**

1704 SW MOCKINGBIRD DRIVE PORT ST LUCIE. FL 34986 US

# FEI Number: 82-1185397

# Name and Address of Current Registered Agent:

SMILEY, SCOTT 1704 SW MOCKINGBIRD DRIVE PORT ST LUCIE, FL 34986 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

### Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	SMILEY, MARILYN A	Name	SMILEY, SCOTT
Address	1704 SW MOCKINGBIRD DRIVE	Address	1704 SW MOCKINGBIRD DRIVE
City-State-Zip:	PORT ST LUCIE FL 34986	City-State-Zip:	PORT ST LUCIE FL 34986

# Certificate of Status Desired: No

DOCUMENT# L17000081190

Entity Name: SMILEY CONSULTING ASSOCIATES LLC

**Current Principal Place of Business:** 

1704 SW MOCKINGBIRD DRIVE PORT ST LUCIE. FL 34986

# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

PRESIDENT

02/20/2020

FILED Feb 20, 2020 Secretary of State 8184812774CC

Date

Date