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.

PRESIDENT

SIGNATURE: SCOTT S SMILEY

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 82-1185397

Name and Address of Current Registered Agent:

SMILEY, SCOTT 8192 CYPRESS POINT RD. WEST PALM BEACH, FL 33412 US

DOCUMENT# L17000081190

8192 CYPRESS POINT RD. WEST PALM BEACH. FL 33412

Current Mailing Address: 8192 CYPRESS POINT RD.

Current Principal Place of Business:

WEST PALM BEACH. FL 33412 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

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: SMILEY CONSULTING ASSOCIATES LLC

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	SMILEY, MARILYN A	Name	SMILEY, SCOTT
Address	8192 CYPRESS POINT RD.	Address	8192 CYPRESS POINT RD.
City-State-Zip:	WEST PALM BEACH FL 33412	City-State-Zip:	WEST PALM BEACH FL 33412

Certificate of Status Desired: No

Date

02/12/2019 Date