

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000387197

**Entity Name:** LD SMILES SERVICE LLC

**Current Principal Place of Business:**

2709 10TH ST W  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

2709 10TH ST W  
LEHIGH ACRES, FL 33971 US

**FEI Number:** 88-4117975

**Certificate of Status Desired:** No

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

DOMINGUEZ, LIEN  
2709 10TH ST W  
LEHIGH ACRES, FL 33971 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 MGR  
Name DOMINGUEZ, LIEN  
Address 2709 10TH ST W  
City-State-Zip: LEHIGH ACRES FL 33971

*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:** LIEN DOMINGUEZ

MGR

03/25/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date