

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000190116

**Entity Name:** SMILEY CREATIONS LLC

**Current Principal Place of Business:**

675 ASHFORD OAKS DR, APT 202  
APT 202  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

675 ASHFORD OAKS DR, APT 202  
APT 202  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 92-3579664

**Certificate of Status Desired:** No

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

REPUBLIC REGISTERED AGENT LLC  
675 ASHFORD OAKS DR, APT 202  
APT 202  
ALTAMONTE SPRINGS, FL 32714 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 AMBR  
Name GOPAUL, AMICA  
Address 675 ASHFORD OAKS DR, APT 202 APT  
202  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** AMICA GOPAUL

AMBR

03/11/2024

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

\_\_\_\_\_  
Date