

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000031891

**Entity Name:** SMARTDENT, LLC

**Current Principal Place of Business:**

3546 ST. JOHNS BLUFF RD. S.  
UNIT 114  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

3546 ST. JOHNS BLUFF RD. S.  
UNIT 114  
JACKSONVILLE, FL 32224 US

**FEI Number:** 26-4692409

**Certificate of Status Desired:** No

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

CRABTREE, R R  
8777 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217 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	MGRM	Title	MGRM
Name	MARTINEZ, JOSE M DMD	Name	MARTINEZ, SANDRA M
Address	3546 ST. JOHNS BLUFF RD. S. UNIT 114	Address	3546 ST. JOHNS BLUFF RD. S. UNIT 114
City-State-Zip:	JACKSONVILLE FL 32224	City-State-Zip:	JACKSONVILLE FL 32224

*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:** SANDRA MARTINEZ

MGRM

01/19/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date