

2015 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 MDMD	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: JOSE M. MARTINEZ, D.M.D.

MGRM

01/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date