

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000113000

**Entity Name:** ABOUT YOUR SMILE, L.L.C.

**Current Principal Place of Business:**

12350 NEW BRITTANY BLVD  
FORT MYERS, FL 33907

**Current Mailing Address:**

12350 NEW BRITTANY BLVD  
FORT MYERS, FL 33907 US

**FEI Number:** 59-2545325

**Certificate of Status Desired:** No

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

DOUGLAS E MILSAP DDS, PA  
12530 NEW BRITTANY BLVD  
FORT MYERS, FL 33907 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 DOUGLAS E MILSAP DDS, PA  
Address 12530 NEW BRITTANY BLVD  
City-State-Zip: FORT MYERS FL 33907

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VIRGINIA A MILSAP

**DENTAL OFFICE  
MANAGER**

**05/30/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date