420 CENTRA SARASOTA,	<b>ling Address:</b> AL AVE , FL 34236 US			
FEI Number: 27-2916282			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent	:		
DRAKE, SAMAI 420 CENRTAL / SARAOTA, FL	AVE 34236 US			
	l entity submits this statement for the purpose of chang	ing its registered office or regis	tered agent, or both, in the State of	f Florida.
SIGNATURE	SAMANTHA G DRAKE			04/22/2014
	Electronic Signature of Registered Agent			Date
Authorized	Person(s) Detail :			
Authorized	Person(s) Detail : PRESIDENT	Title	VP	
		Title Name	VP ORLOVAS, VIDAS	
Title	PRESIDENT			
Title Name Address	PRESIDENT DRAKE, SAMANTHA G	Name Address	ORLOVAS, VIDAS	
Title Name Address	PRESIDENT DRAKE, SAMANTHA G 420 CENTRAL AVE	Name Address	ORLOVAS, VIDAS 420 CENTRAL AVE	
Title Name Address City-State-Zip: Title	PRESIDENT DRAKE, SAMANTHA G 420 CENTRAL AVE SARASOTA FL 34236 AUTHORIZED REPRESENTATIVE,	Name Address	ORLOVAS, VIDAS 420 CENTRAL AVE	
Title Name Address City-State-Zip:	PRESIDENT DRAKE, SAMANTHA G 420 CENTRAL AVE SARASOTA FL 34236 AUTHORIZED REPRESENTATIVE, MANAGER	Name Address	ORLOVAS, VIDAS 420 CENTRAL AVE	

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: SAMANTHA G DRAKE

PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000074032

Entity Name: SORRISO DENTAL STUDIO, LLC

## **Current Principal Place of Business:**

420 CENTRAL AVE SARASOTA, FL 34236 FILED Apr 22, 2014 Secretary of State CC9169407473

Date