

2016 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

Current Mailing Address:

420 CENTRAL AVE
SARASOTA, FL 34236

FEI Number: 27-2916282

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDSMITH, STANLEY A
1605 MAIN STREET
SUITE 1001
SARASOTA, FL 34236 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: STANLEY A GOLDSMITH

03/22/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR, PRESIDENT, SECRETARY,
TREASURER
Name DRAKE, SAMANTHA G
Address 420 CENTRAL AVE
City-State-Zip: SARASOTA FL 34236

Title AUTHORIZED REPRESENTATIVE,
ASST. SECRETARY, ASST.
TREASURER
Name NALLY, CYNTHIA L
Address 341 68TH TERR S APT G
City-State-Zip: ST PETERSBURG FL 33123

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

(SAG)

MANAGER/PRESIDENT

03/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date