

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000047208

Entity Name: BELLA SMILE DENTISTRY LLC

Current Principal Place of Business:

120 SW 50TH AVE
CORAL GABLES, FL 33134

Current Mailing Address:

120 SW 50TH AVE
CORAL GABLES, FL 33134 US

FEI Number: 46-2466594

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMOS MENDOZA, JORGE DMD
6487 W FLAGLER ST
17
MIAMI, FL 33144 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
Name RAMOS MENDOZA, JORGE DMD
Address 6487 W FLAGLER ST APT 17
City-State-Zip: MIAMI FL 33144

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: JORGE RAMOS MENDOZA

MEMBER

01/26/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date