

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000198099

Entity Name: VANDALSSMILE, LLC

Current Principal Place of Business:

1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

Current Mailing Address:

PO BOX 446
BOONE, NC 28607 US

FEI Number: 81-0760662

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CHRISTOPHER PERKINS

04/07/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	POLANCICH, REBEKAH	Name	POLANCICH, JASON
Address	PO BOX 446	Address	PO BOX 446
City-State-Zip:	BOONE NC 28607	City-State-Zip:	BOONE NC 28607

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: REBEKAH POLANCICH

AMBR

04/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date