

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000031933

**Entity Name:** SMILE DESIGN OF HALLANDALE BEACH, LLC

**Current Principal Place of Business:**

2100 E HALLANDALE BEACH BLVD  
SUITE 305  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

4801 S UNIVERSITY DRIVE  
STE 212  
DAVIE, FL 33328 US

**FEI Number:** 81-1451991

**Certificate of Status Desired:** No

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

VERA, NATHALIE DR.  
3217 NE 13TH STREET  
105  
POMPANO BEACH, FL 33062 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 VERA, NATHALIE DR  
Address 3217 NE 13TH STREET  
APT 105  
City-State-Zip: POMPANO BEACH FL 33062

*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:** NATHALIE VERA

**PRES**

**01/16/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date