# SIGNATURE:

Electronic Signature of Registered Agent

## 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

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: SMILE DESIGN OF HALLANDALE BEACH, LLC

Current Principal Place of Business:

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

DOCUMENT# L16000031933

### **Current Mailing Address:**

4801 S UNIVERSITY DRIVE STE 212 DAVIE, FL 33328 US

## FEI Number: 81-1451991

### 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.

Certificate of Status Desired: No

Date

03/18/2020

FILED Mar 18, 2020 Secretary of State 1733428174CC

DMD

Date