## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000172815

Entity Name: DEAL SMILES, LLC

5270 36TH AVENUE N.

**Current Principal Place of Business:** 

ST. PETERSBURG, FL 33710

**Current Mailing Address:** 

**4604 49TH STREET N SUITE #105** ST PETERSBURG, FL 33709 US

FEI Number: 81-3862580 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOOD, BARBARA 5270 36TH AVENUE N. ST, PETERSBURG, FL 33710 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

**FILED** Feb 07, 2017

**Secretary of State** 

CC1287054775

## Authorized Person(s) Detail:

Title MGR

Address

Name WOOD, BARBARA

**SUITE #105** 

4604 49TH STREET N

ST PETERSBURG FL 33709 City-State-Zip:

SIGNATURE: BARBARA WOOD

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.

Electronic Signature of Signing Authorized Person(s) Detail

PRINCIPAL OWNER

Date

02/07/2017