

**2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000039666

**Entity Name:** TREASURE COAST SMILE LABS 1, LLC

**Current Principal Place of Business:**

701 N FEDERAL HWY  
SUITE 202  
STUART, FL 34994

**FILED**  
**Jul 07, 2020**  
**Secretary of State**  
**0491546985CC**

**Current Mailing Address:**

2853 SE MELALEUCA BLVD  
PORT ST, LUCIE, FL 34952 US

**FEI Number: 82-4471406**

**Certificate of Status Desired: No**

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

HARRINGTON, DHANRAJIE  
2853 SE MELALEUCA BLVD.  
PORT ST. LUCIE, FL 34952 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 HARRINGTON, DHANRAJIE  
Address 2853 SE MELALEUCA BLVD.  
City-State-Zip: PORT ST. LUCIE FL 34952

*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: DHANRAJIE HARRINGTON**

**MGR**

**07/07/2020**

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

\_\_\_\_\_  
Date