

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000056487

Entity Name: SMILE EXPERIENCE, LLC

Current Principal Place of Business:

1433 COURT STREET
CLEARWATER, FL 33756

Current Mailing Address:

1433 COURT STREET
CLEARWATER, FL 33756 US

FEI Number: 83-3852073

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUNSTROM, DEBRA
1433 COURT STREET
CLEARWATER, FL 33756 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: DEBRA BRUNSTROM

02/05/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MCDOWELL, ERNEST H D.D.S.
Address 1433 COURT STREET
City-State-Zip: CLEARWATER FL 33756

Title CONTROLLER
Name BRUNSTROM, DEBRA
Address 3902 OAKWOOD HILLS PARKWAY
City-State-Zip: EAU CLAIRE WI 54701

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: DEBRA BRUNSTROM

CONTROLLER

02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date