9/12/2002-90089-049-$55.00-$55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
02 DEC 26 AM 10: 02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L01000006508

1. Entity Name
SUNSMILE DENTAL LLC

DO NOT WRITE IN THIS SPACE

979151

2. Principal Place of Business	3. Mailing Address
314-A Moody BLvd	PO BOX 1137
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Flagler Beach	City & State: Flagler Beach
Zip: 32136 Country: USA	Zip: 32136 Country: USA

12/26 DO NOT WRITE IN THIS SPACE MJM

4. FEI Number 59-3718338 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: IRENA ORLOV

Street Address (P.O. Box Number is Not Acceptable): 5 ST. ANDREWS CT

City: PALM Coast FL Zip Code: 32137

8. 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: [signature] DATE: 12/19/02
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	VOROBYOV ALEXANDER
STREET ADDRESS	314-A Moody Blvd
CITY-ST-ZIP	Flagler Beach FL 32136
TITLE	MGR
NAME	GERZON SEMYON
STREET ADDRESS	314-A Moody Blvd
CITY-ST-ZIP	Flagler Beach FL 32136
TITLE	MNG
NAME	IRINA ORLOV
STREET ADDRESS	314-A Moody Blvd
CITY-ST-ZIP	Flagler Beach FL 32136
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NAME	
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: [signature] IRINA ORLOV manager Date: 8/26/02 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE