## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000053377

City-St-Zip: ORANGE PARK, FL 32073 US

**Entity Name: MAXX SMILES** 

FILED Jun 17, 2007 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
1406 KING SUITE C	SLEY AVE.				
	PARK, FL 32073	US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
1406 KING SUITE C	SLEY AVE				
ORANGE I	PARK, FL 32073	US			
FEI Number: In accordance		El Number Applied For() b), F.S., the limited liabilit	) FEI Number Not Applicable ( ) y company did not receive the prior not	Certificate of Status Desired ( ) ice.	
Name and	Address of Curre	ent Registered Agen	t: Name and Address	of New Registered Agent:	
REED, SU 1406 KING SUITE C ORANGE I		US			
The above in the State		nits this statement for	the purpose of changing its registe	red office or registered agent, or both	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			d Agent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Dele REED, DOUGLAS M 1406 KINGSLEY AVI ORANGE PARK, FL	E, SUITE C	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () Dele REED, SUSIE C		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SUSIE C. REED MRS. 06/17/2007