


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2. Mar 01, 2006 8:00 am
Secretary of State

02-09-2006 90149 012 ****50.00

DOCUMENT # L05000080170			
1. Entity Name ALL SMILES DENTAL ASSISTANT SCHOOL, LLC			
Principal Place of Business 712 US HIGHWAY ONE NORTH PALM BEACH, FL 33408		Mailing Address 712 US HIGHWAY ONE NORTH PALM BEACH, FL 33408	
2. Principal Place of Business		3. Mailing Address 1847 JUNO ZSCES BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State JUNO FL	
Zip	Country	Zip	Country
		33408	USA
02012006 Chg-LLC CR2E083 (11/05)		4. FEI Number 20-3314433	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUFF, SCOTT G 712 US HIGHWAY ONE NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name DUFF, SCOTT G Street Address (P.O. Box Number is Not Acceptable) 1847 JUNO ZSCES BLVD City JUNO FL Zip Code 33408	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER SCOTT DUFF 1847 JUNO ZSCES BLVD N. PALM BCH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		2/8/06 8617750258	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



ATTACHMENT

30001469

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2006

ALL SMILES DENTAL ASSISTANT SCHOOL, LLC
1847 JUNO ISCES BLVD
JUNO, FL 33408

Subject: ALL SMILES DENTAL ASSISTANT SCHOOL, LLC

Reference Number: L05000080170

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION