2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 01, 2006 8:00 am Secretary of State

DOCUMENT # L05000080170 1. Entity Name ALL SMILES DENTAL ASSISTANT SCHOOL, LLC							02-09-20	006 901 49		
Principal Place of Business 712 US HIGHWAY ONE NORTH PALM BEACH, FL 33408			Mailing Address -712 US HIGHWAY ONE NORTH PALM BEACH, FL 33408			av	H ann dha ean ac	10 45M 270 17 M	 Aairi (ifin iyan d	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02012006	Chg-LLC	CR2E	E083 (11/05)	
City & State			City & State Junio FC			4, FEI Numb	20 - 331°	4433	<u> </u>	polied For lot Applicable
Zip	Country		Zip 33408 Count		75 77		e of Status Desir		\$5.00 Ad Fee Require	
6. Name and Address of Current R			Registered Agent	ите \	7. Name and Address of New Registered Agent					
DUFF, SC 712 US HI		ONE				(P.Q. Box Number is Not Acceptable)				
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			r the purpose of changing its re	L		red agent, or bo	oth, in the State of	of Florida. I an	<u> </u>	_5 SYUZ
 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 .	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE:	Registered Agen	t eigneture recluired	t when reinstering)		DATE		
Filing Fee is \$50.00 Due by May 1, 2008							Make check orlda Departi		De	
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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 <u>has not been filed</u> 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

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