

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 22, 2007 8:00 am
Secretary of State**

01-22-2007 90152 010 ****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
1847 JUNO ISLES BLVD
NORTH PALM BEACH, FL 33408**



01112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
20-3314433**

**Applied For
Not Applicable**

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUFF, SCOTT G
1847 JUNO ISLES BLVD
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DUFF, SCOTT
1947 SUKO ISLES BLVD
NORTH PALM BEACH, FL 33408**

**TITLE
NAME
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CITY - ST - ZIP**

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #