

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116889

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** SOUTH BEACH DENTAL CARE & COSMETICS, LLC

**Current Principal Place of Business:**

119 WASHINGTON AVENUE  
6TH FLOOR  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

119 WASHINGTON AVENUE  
6TH FLOOR  
MIAMI BEACH, FL 33139

**New Mailing Address:**

119 WASHINGTON AVENUE  
601  
MIAMI BEACH, FL 33139

**FEI Number:** 20-3895321

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMINI, SIMON DMD  
583 W 49TH ST  
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: AMINI, SIMON  
Address: 583 W 49TH ST  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR  
Name: SAIDI, ARDAVAN  
Address: 583 W 49TH ST  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby 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: SIMON AMINI

MGR

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date