

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077415

FILED
Jan 23, 2008
Secretary of State

Entity Name: YOUR ORTHODONTIST, LLC

Current Principal Place of Business:

2983 EAST ABIACA CIR.
DAVIE, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

2983 EAST ABIACA CIR.
DAVIE, FL 33180 US

New Mailing Address:

FEI Number: 84-1715066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN-SASSON, KENNETH DR.
21150 NE 38TH AVE
702
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

COHEN-SASSON, KENNETH DR.
2983 EAST ABIACA CIRCLE
DAVIE, FL 33328 US

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: KCS

01/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COHEN-SASSON, KENNETH DR.
Address: 2983 EAST ABIACA CIR.
City-St-Zip: DAVIE, FL 33328 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
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: KENNETH COHEN-SASSON

MGRM

01/23/2008

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