

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047185

Entity Name: SMILING SPACES LLC

FILED
Sep 05, 2008
Secretary of State

Current Principal Place of Business:

1040 BIG OAKS BLVD
OVIEDO, FL 32765

New Principal Place of Business:

12301 LAKE UNDERHILL ROAD
SUITE 111
ORLANDO, FL 32828

Current Mailing Address:

1040 BIG OAKS BLVD
OVIEDO, FL 32765

New Mailing Address:

12301 LAKE UNDERHILL ROAD
SUITE 111
ORLANDO, FL 32828

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LANE, DENA M
1040 BIG OAKS BLVD
OVIEDO, FL, FL 32765 US

Name and Address of New Registered Agent:

DARIN, LORI L
6602 FRANCONIA DR.
ORLANDO, FL 32826 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: LORI L. DARIN

09/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LANE, DENA M
Address: 1040 BIG OAKS BLVD
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: DARIN, LORI L
Address: 6602 FRANCONIA DR.
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LORI DARIN

MGRM

09/05/2008

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