2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2010
Secretary of State

DOCUMENT# L07000064778

Entity Name: SMILE DESIGN DENTISTRY, PL

Current Principal Place of Business:

16633 IVY LAKE DRIVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

16633 IVY LAKE DRIVE
ODESSA, FL 33556

New Mailing Address:

PO BOX 274023
TAMPA, FL 33688

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **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:

LITTLE, MICHAEL G
911 CHESTNUT STREET
CLEARWATER, FL 33756 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: MM
Name: PATEL, MILI D
Address: PO BOX 274023
City-St-Zip: TAMPA, FL 33688

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 Statues.

SIGNATURE: MILI PATEL MGR 05/05/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date