

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000075267

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** CREATING SMILES, LLC

**Current Principal Place of Business:**

9922 N. W. 47 TERRACE  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9922 N. W. 47 TERRACE  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 20-5697207      **FEI Number Applied For ( )**      **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:**

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

MONROY, ERIKA  
9922 NW 47 TERR  
DORAL, FL 33178      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: ERIKA MONROY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MONROY, ERIKA  
**Address:** 9922 NW 47 TERRACE  
**City-St-Zip:** DORAL, FL 33178

**Title:** MGR  
**Name:** OSUNA, HECTOR G  
**Address:** 9922 NW 47 TR  
**City-St-Zip:** DORAL, FL 33178

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: ERIKA MONROY

MGRM

03/24/2010

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