

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119263

FILED
Apr 27, 2009
Secretary of State

Entity Name: ALL ABOUT SMILES, ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS, LLC

Current Principal Place of Business:

595 OAK COMMONS BLVD
STE C
KISSIMMEE, FL 34741

New Principal Place of Business:

1650 SAND LAKE ROAD
SUITE 116
ORLANDO, FL 32809

Current Mailing Address:

595 OAK COMMONS BLVD
STE C
KISSIMMEE, FL 34741

New Mailing Address:

1650 SAND LAKE ROAD
SUITE 116
ORLANDO, FL 32809

FEI Number: 83-0500257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDEZ, MARIA C
5015 KEENELAND CIR
ORLANDO, FL 32819 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: MGRM () Delete
Name: MENDEZ, MARIA C
Address: 595 OAK COMMONS BLVD - STE C
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MENDEZ, MARIA C
Address: 1650 SAND LAKE ROAD, SUITE 116
City-St-Zip: ORLANDO, FL 32809

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: MARIA C. MENDEZ

MGRM

04/27/2009

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