

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119263

FILED
Feb 16, 2011
Secretary of State

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

Current Principal Place of Business:

1650 SAND LAKE ROAD
SUITE 116
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

1650 SAND LAKE ROAD
SUITE 116
ORLANDO, FL 32809

New Mailing Address:

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
Name: MENDEZ, MARIA C
Address: 1650 SAND LAKE ROAD, SUITE 116
City-St-Zip: ORLANDO, FL 32809

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: MARIA C. MENDEZ

MGRM

02/16/2011

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