

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

3. Apr 17, 2008 8:00 am
Secretary of State

03-20-2008 90183 031 ***138.75

DOCUMENT # L07000126261					
1. Entity Name SMILE EXPRESS WELLINGTON, LLC					
Principal Place of Business 555 SOUTH FEDERAL HIGHWAY SUITE 340 BOCA RATON, FL 33432			Mailing Address 555 SOUTH FEDERAL HIGHWAY SUITE 340 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02222008 Chg-LLC CR2E083 (12/06) 4. FEI Number <u>26-1631709</u> ☐ Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MITCHELL B. KIRSCHNER, P.A. 1515 NORTH FEDERAL HIGHWAY SUITE 314 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIPTON, ROBERT 555 SOUTH FEDERAL HIGHWAY, SUITE 340 BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Robert Lipton</u>			Date <u>5/14/08</u> Daytime Phone # <u>561-362-5444</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		