

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022922

FILED
Apr 17, 2009
Secretary of State

Entity Name: SMILE DIVINE, LLC

Current Principal Place of Business:

2153 EAST COUNTY RD, 540A
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

2153 EAST COUNTY RD, 540A
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 45-0590487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAROOR, LOUIE
2718 AVON RIVER DRIVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

SANDERS, WALTER
16528 NORTH DALE MABRY HWY
TAMPA, FL 33618 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: WALTER SANDERS

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DELLE-DONNE, VINCENT
Address: 20131 HERATIGE POINT DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: CLAYTON, ARIANA
Address: 20131 HERATIGE POINT DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: ZAROOR, LOUIE
Address: 2718 AVON RIVER DRIVE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DELLE-DONNE, VINCENT
Address: 20131 HERATIGE POINT DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM (X) Change () Addition
Name: CLAYTON, ARIANA
Address: 20131 HERATIGE POINT DRIVE
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM (X) Change () Addition
Name: ZAROOR, LOUIE
Address: 2718 AVON RIVER DRIVE
City-St-Zip: VALRICO, FL 33594 US

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: LOUIS ZAROOR

MGRM

04/17/2009

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