

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000022922

Entity Name: SMILE DIVINE, LLC

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2153 EAST COUNTY RD, 540A  
LAKELAND, FL 33813

**New Principal Place of Business:**

20010 LOMOND LANE  
TAMPA, FL 33647

**Current Mailing Address:**

2153 EAST COUNTY RD, 540A  
LAKELAND, FL 33813

**New Mailing Address:**

20010 LOMOND LANE  
TAMPA, FL 33647

FEI Number: 45-0590487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANDERS, WALTER  
16528 NORTH DALE MABRY HWY  
TAMPA, FL 33618 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: DELLE-DONNE, VINCENT  
Address: 20131 HERATIGE POINT DRIVE  
City-St-Zip: TAMPA, FL 33647 US

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

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

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: VINCENT DELLE-DONNE

MGMR

04/28/2010

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