2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047096

Title:

Name:

Address:

City-St-Zip:

MGR

ENDE, JORDANA

(X) Delete

FORT LAUDERDALE, FL 33309

2950 W CYPRESS CREEK RD. STE 306C

FILED Jul 14, 2009 Secretary of State

Entity Name: PEARL WHITE PROFESSIONAL TEETH WHITENING LLC

Current Principal Place of Business: New Principal Place of Business: 2950 W CYPRESS CREEK RD. STE 306C 2950 W CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309 STE 306C FORT LAUDERDALE, FL 33309 **Current Mailing Address: New Mailing Address:** 2950 W CYPRESS CREEK RD. STE 306C 2950 W CYPRESS CREEK RD. STE 306C FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 FEI Number: 26-2596612 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ENDE, JONATHON 2950 W CYPRESS CREEK RD. STE 306C FORT LAUDERDALE, FL 33309 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete ENDE. JONATHON Name: Name: Address: 2950 W CYPRESS CREEK RD. STE 306C Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: MGR Title: (X) Delete () Change () Addition Name: ENDE, ALEX Name: Address: 2950 W CYPRESS CREEK RD. STE 306C Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: JONATHON ENDE MBR 07/14/2009