

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049298

FILED
Mar 25, 2009
Secretary of State

Entity Name: SMILE DESIGN DENTAL ARTS LLC

Current Principal Place of Business:

2154 TRADE CENTER WAY
3
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2154 TRADE CENTER WAY
3
NAPLES, FL 34109

New Mailing Address:

FEI Number: 26-2635575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIM, EUNJOO
718 REGENCY RESERVE CIRCLE
3102
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

KIM, EUNJOO
526 AVELLINO ISLES CIRCLE
6302
NAPLES, FL 34119 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: EUN JOO KIM

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KIM, KIHWAN
Address: 718 REGENCY RESERVE CIRCLE, #3102
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: KIM, EUNJOO
Address: 718 REGENCY RESERVE CIRCLE, #3102
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KIM, KIHWAN
Address: 526 AVELLINO ISLES CIRCLE, #6302
City-St-Zip: NAPLES, FL 34119

Title: MGRM (X) Change () Addition
Name: KIM, EUNJOO
Address: 526 AVELLINO ISLES CIRCLE, #6302
City-St-Zip: NAPLES, FL 34119

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: EUN JOO KIM

MGRM

03/25/2009

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