

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091159

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** TERRIFIC SMILES OF NORTH PALM BEACH LLC

**Current Principal Place of Business:**

9064 PALOMINO DRIVE  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

721 US HWY 1  
STE 106  
NORTH PALM BEACH, FL 33408 US

**Current Mailing Address:**

9064 PALOMINO DRIVE  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

721 US HWY 1  
STE 106  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 26-3423891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOCHET, RANDALL M  
1880 N. CONGRESS AVE.  
SUITE 205  
BOYNTON BEACH, FL 33426 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:** MGR ( ) Delete  
**Name:** RUBANO, MIRIAM  
**Address:** 9064 PALOMINO DRIVE  
**City-St-Zip:** LAKE WORTH, FL 33467 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**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.

**SIGNATURE:** MIRIAM RUBANO

MGR

04/28/2009

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