

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000103037

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** ARTISTIC SMILES OF ORLANDO, P.L.

**Current Principal Place of Business:**

3013 ALOMA AVENUE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

3013 ALOMA AVENUE  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

JUGNU DHAMIJA, D.M.D.  
1532 LUCKY PENNIE WAY  
APOPKA, FL 32712 US

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

JUGNU DHAMIJA, D.M.D.  
2248 WEKIVA RESERVE BLVD  
APOPKA, FL 32703 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:

03/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DHAMIJA, JUGNU D.M.D.  
Address: 2248 WEKIVA RESERVE BLVD  
City-St-Zip: APOPKA, FL 32703

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: JUGNU DHAMIJA

MGR

03/28/2011

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