

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109513

FILED
Apr 30, 2009
Secretary of State

Entity Name: LITTLE SMILES DENTAL EQUIPMENT, LLC

Current Principal Place of Business:

12420 SW 22 TERRACE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

12420 SW 22 TERRACE
MIAMI, FL 33175

New Mailing Address:

FEI Number: 26-3781092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIRON & COMPANY, CPA, PA
5200 SW 8TH STREET
SUITE #120
CORAL GABLES, FL 33134 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: CORTES, BAYARDO
Address: 12420 SW 22 TERRACE
City-St-Zip: MIAMI, FL 33175

Title: MGR () Delete
Name: CORTES, GONZALO
Address: 8051 SW 136 COURT
City-St-Zip: MIAMI, FL 33183

Title: MGR () Delete
Name: SPENCER, CRAIG
Address: 625 SE 2ND AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BAYARDO CORTES

MGR

04/30/2009

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