

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000109515

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** LITTLE SMILES DENTAL IP, LLC

**Current Principal Place of Business:**

9000 SW 87TH COURT  
SUITE #120  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

9000 SW 87TH COURT  
SUITE #120  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 26-3781123

**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:**

CORTES, BAYARDO  
12420 SW 22 TERRACE  
MIAMI, FL 33175 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:** BAYARDO CORTES

03/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CORTES, BAYARDO  
**Address:** 12420 SW 22 TERRACE  
**City-St-Zip:** MIAMI, FL 33175

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

**Title:** MGR  
**Name:** SPENCER, CRAIG  
**Address:** 625 SE 2ND AVENUE  
**City-St-Zip:** BOYNTON BEACH, FL 33183

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:** BAYARDO CORTES

MGR

03/09/2010

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