

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000010105

**FILED**  
**Aug 30, 2012**  
**Secretary of State**

**Entity Name:** AESTHETIC SMILES BY DESIGN LLC

**Current Principal Place of Business:**

12741 MIRAMAR PKWY  
201  
MIRAMAR, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

12741 MIRAMAR PKWY  
201  
MIRAMAR, FL 33327

**New Mailing Address:**

**FEI Number:** 01-0921512      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MASSO-TORO, LILIANA  
12741 MIRAMAR PKWY  
2-201  
MIRAMAR, FL 33327 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  
**Name:** MASSO-TORO, LILIANA  
**Address:** 16251 GOLF CLUB RD SUITE 6-211  
**City-St-Zip:** WESTON, FL 33326

**Title:** MGRM  
**Name:** MASSO, ORFFA  
**Address:** 640 PALM BLVD  
**City-St-Zip:** WESTON, FL 33326

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: ORFFA MASSO

MGRM

08/30/2012

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