

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000031891

Entity Name: SMARTDENT, LLC

FILED
Feb 16, 2011
Secretary of State

Current Principal Place of Business:

3546 ST. JOHNS BLUFF RD. S. UNIT114
UNIT 114
JACKSONVILLE, FL 32224 US

Current Mailing Address:

3546 ST. JOHNS BLUFF RD. S. UNIT114
UNIT 114
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

3546 ST. JOHNS BLUFF RD. S.
UNIT 114
JACKSONVILLE, FL 32224 US

New Mailing Address:

3546 ST. JOHNS BLUFF RD. S.
UNIT 114
JACKSONVILLE, FL 32224 US

FEI Number: 26-4692409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRABTREE, R R
8777 SAN JOSE BLVD.
JACKSONVILLE, FL 32217 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: MGRM
Name: MARTINEZ, JOSE M DMD
Address: 3546 ST. JOHNS BLUFF RD. S. UNIT 114
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM
Name: MARTINEZ, SANDRA M
Address: 3546 ST. JOHNS BLUFF RD. S. UNIT 114
City-St-Zip: JACKSONVILLE, FL 32224 US

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: JOSE M MARTINEZ, DMD

PRES

02/16/2011

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