

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000032449

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** ALL SMILES DENTAL GROUP, LLC

**Current Principal Place of Business:**

18682 NW 67TH AVENUE  
HIALEAH, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

18682 NW 67TH AVENUE  
HIALEAH, FL 33015

**New Mailing Address:**

**FEI Number:** 26-4600796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMERO, ORLANDO  
18682 NW 67TH AVENUE  
HIALEAH, FL 33015 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: ROMERO, ORLANDO  
Address: 18682 NW 67TH AVENUE  
City-St-Zip: HIALEAH, FL 33015

Title: MGR  
Name: VALLEDOR-ROMERO, GRETTEL  
Address: 18682 NW 67TH AVENUE  
City-St-Zip: HIALEAH, FL 33015

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: ORLANDO ROMERO

MGR

04/02/2012

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