

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000058689

**Entity Name:** MISS SMILES LLC

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

515 WEST SWAYER ST  
ST. GEORGE ISLAND, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 412  
EASTPOINT, FL 32328

**New Mailing Address:**

**FEI Number:** 38-3801743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHILYAW, PALMER H  
61 AVE E  
APALACHICOLA, FL 32320 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: PALMER H. PHILYAW

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HART, GARY O  
Address: 515 WEST SWAYER ST  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

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: GARY O. HART

MGR

03/17/2011

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