

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000058691

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** IMPECCABLE SMILES, P.L.

**Current Principal Place of Business:**

12116 WASATCH CT  
TAMPA, FL 33624

**New Principal Place of Business:**

4945 VAN DYKE RD  
LUTZ, FL 33558

**Current Mailing Address:**

12116 WASATCH CT  
TAMPA, FL 33624

**New Mailing Address:**

4945 VAN DYKE RD  
LUTZ, FL 33558

**FEI Number:** 27-0390101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AEBEL, ERIN M ESQ  
101 EAST KENNEDY BLVD STE 2800  
TAMPA, FL 33602 US

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

DELUCA, ANTHONY M  
12116 WASATCH CT  
TAMPA, FL 33624 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: ANTHONY DELUCA

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DELUCA, VIVIAN C DMD  
Address: 12116 WASATCH CT  
City-St-Zip: TAMPA, FL 33624

Title: CFO  
Name: DELUCA, ANTHONY M  
Address: 12116 WASATCH CT  
City-St-Zip: TAMPA, FL 33624

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: ANTHONY DELUCA

CFO

04/28/2010

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