

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000047952

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** NEW SMILES MANAGEMENT, LLC.

**Current Principal Place of Business:**

855 SW 8TH STREET  
MIAMI, FL 33130

**New Principal Place of Business:**

1440 LUGO AVE  
CORAL GABLES, FL 33156 US

**Current Mailing Address:**

855 SW 8TH STREET  
MIAMI, FL 33130

**New Mailing Address:**

1440 LUGO AVE  
CORAL GABLES, FL 33156 US

**FEI Number:** 27-2501019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GONZALEZ, GEORGE  
12912 SW 133RD CT  
A  
MIAMI, FL 33186 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:** MAAL, PATRICIA  
**Address:** 1440 LUGO AVE  
**City-St-Zip:** CORAL GABLES, FL 33156

**Title:** MGR  
**Name:** MAAL, MIGUEL R  
**Address:** 1440 LUGO AVE  
**City-St-Zip:** CORAL GABLES, FL 33156

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:** MIGUEL MAAL

MGR

04/10/2012

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