

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000116770

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** PLANTATION SMILE CARE, LLC

**Current Principal Place of Business:**

300 NW 70TH AVE  
# 206  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

300 NW 70TH AVE  
# 109  
PLANTATION, FL 33324 US

**Current Mailing Address:**

300 NW 70TH AVE  
# 206  
PLANTATION, FL 33324 US

**New Mailing Address:**

300 NW 70TH AVE  
# 109  
PLANTATION, FL 33324 US

**FEI Number:** 45-3602399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANKAME, DIPAK  
300 NW 70TH AVE  
# 206  
PLANTATION, FL 33324 US

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

MANKAME, DIPAK  
300 NW 70TH AVE  
# 109  
PLANTATION, FL 33324 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: DIPAK M MANKAME DDS

03/14/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DIPAK, MANKAME  
Address: 300 NW 70TH AVE, # 206  
City-St-Zip: PLANTATION, FL 33324 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: DIPAK M MANKAME DDS

MGR

03/14/2012

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