

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000130934

**FILED**  
**Aug 31, 2012**  
**Secretary of State**

**Entity Name:** DESIGNER SMILES DENTAL LAB L.L.C.

**Current Principal Place of Business:**

316 GROVELAND STREET  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

316 GROVELAND STREET  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 45-3863791

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

C & C CORPORATE HOLDING GROUP INC.  
316 GROVELAND STREET  
ORLANDO, FL 32804 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:** OSPINAARBELAEZ, MARIACATHERINE  
**Address:** 316 GROVELAND STREET  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** MGRM  
**Name:** OSPINA, DIEGO L  
**Address:** 316 GROVELAND STREET  
**City-St-Zip:** ORLANDO, FL 32804

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:** MARIACATHERINE OSPINAARBELAEZ

MBR

08/31/2012

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