## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001655

Entity Name: LITTLE SMILES, INC.

**Current Principal Place of Business:** 

3569 91ST STREET NORTH

SUITE 4

PALM BEACH GARDENS, FL 33403

**Current Mailing Address:** 

3569 91ST STREET NORTH

SUITE 4

PALM BEACH GARDENS, FL 33403 US

FEI Number: 65-0963754 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

3569 91ST STREET NORTH

DONOHUE, PAUL L JR 2043 NORTH PALM CIRCLE NORTH PALM BEACH, FL 33408 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:

Address

Address

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Apr 01, 2025

**Secretary of State** 

6434206991CC

Officer/Director Detail:

Title **DIRECTOR** Title DIRECTOR, FOUNDER LUBECK, GEORGE III Name Name DONOHUE, PAUL L

SUITE 4 SUITE 4

PALM BEACH GARDENS FL 33403 PALM BEACH GARDENS FL 33403 City-State-Zip:

Address

3569 91ST STREET NORTH

SUITE 4

Title DIRECTOR Title **PRESIDENT** 

DONOVAN, MICHAEL SHEPHERD, SAMANTHA Name Name

3569 91ST STREET NORTH 3569 91ST STREET NORTH Address Address

SUITE 4

PALM BEACH GARDENS FL 33403 PALM BEACH GARDENS FL 33403 City-State-Zip: City-State-Zip:

Title DIRECTOR Title **TREASURER** KYLE, MARGI MURPHY, BRIAN Name Name

16917 BIRKDALE COMMONS 3569 91ST STREET NORTH Address Address

**PARKWAY** SUITE 4

**UNIT B** 

City-State-Zip: PALM BEACH GARDENS FL 33403 City-State-Zip: **HUNTERSVILLE NC 28078** 

Title **EXECUTIVE DIRECTOR** Title **DIRECTOR** PERDIGON, BRITTANY Name Name

SOMMA, JERRY 3569 91ST STREET NORTH Address

> 3569 91ST STREET NORTH SUITE 4

SUITF 4

City-State-Zip: PALM BEACH GARDENS FL 33403 PALM BEACH GARDENS FL 33403 City-State-Zip:

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

04/01/2025 **FOUNDER** SIGNATURE: PAUL DONOHUE

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title SECRETARY Title DIRECTOR

Name COLVIN, ROBIN Name NICKLER, PATRICK

Address 3569 91ST STREET NORTH Address 3569 91ST STREET NORTH

SUITE 4 SUITE 4

City-State-Zip: PALM BEACH GARDENS FL 33403 City-State-Zip: PALM BEACH GARDENS FL 33403

Title DIRECTOR Title DIRECTOR

Name COLOMBINO, LORI Name FANA, ARMANDO

Address 3569 91ST STREET NORTH Address 3569 91ST STREET NORTH

SUITE 4 SUITE 4

City-State-Zip: PALM BEACH GARDENS FL 33403 City-State-Zip: PALM BEACH GARDENS FL 33403