

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109513

Entity Name: LITTLE SMILES DENTAL EQUIPMENT, LLC

Current Principal Place of Business:

350 S MIAMI AVENUE
1202
MIAMI, FL 33130

Current Mailing Address:

350 S MIAMI AVENUE
1202
MIAMI, FL 33130 US

FEI Number: 26-3781092

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORTES, GONZALO
350 S MIAMI AVENUE
1202
MIAMI, FL 33130 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: GONZALO CORTES

04/28/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title GENERAL PARTNER
Name GONZALO CORTES DMD PA
Address 350 S MIAMI AVENUE
1202
City-State-Zip: MIAMI FL 33130

Title GENERAL PARTNER
Name CRAIG SPENCER DMD PA
Address 625 SE 2ND AVENUE
City-State-Zip: BOYNTON BEACH FL 33435

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GONZALO CORTES

MEMBER

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date