

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000118741

**Entity Name:** SMILE CANDY LLC

**Current Principal Place of Business:**

9200 NW 39TH AVE  
STE 130 - 119  
GAINESVILLE, FL 32606

**Current Mailing Address:**

9200 NW 39TH AVE  
STE 130 - 119  
GAINESVILLE, FL 32606

**FEI Number:** 35-2424234

**Certificate of Status Desired:** No

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

WILLIAMS, MATTHEW  
9200 NW 39TH AVE  
STE 130 - 119  
GAINESVILLE, FL 32606 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name JOE BLOE LLC  
Address 4300 NW 23RD AVE STE 525  
City-State-Zip: GAINESVILLE FL 32606

*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:** MATTHEW WILLIAMS

**CEO**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date