

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000143930

Entity Name: CHERING MY SMILE, LLC

Current Principal Place of Business:

1505 S.W. 4TH CIRCLE
BOCA RATON, FL 33486

Current Mailing Address:

1505 S.W. 4TH CIRCLE
BOCA RATON, FL 33486 US

FEI Number: 45-4420662

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESNICK, CHERYL
1505 S.W. 4TH CIRCLE
BOCA RATON, FL 33486 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 MGRM
Name RESNICK, CHERYL
Address 1505 SW 4TH CIRCLE
City-State-Zip: BOCA RATON FL 33486

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL RESNICK

MGRM

05/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date