

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000055845

**Entity Name:** BELLA SMILE DENTISTRY OF PINELLAS COUNTY, P.L.L.C.

**Current Principal Place of Business:**

4503 WEST LAMBRIGHT STREET  
TAMPA, FL 33614

**Current Mailing Address:**

4503 WEST LAMBRIGHT STREET  
TAMPA, FL 33614

**FEI Number: 46-5318947**

**Certificate of Status Desired: No**

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

GASSAMAN, ALAN S ESQ  
12458 COURT STREET STE 102  
CLEARWATER, FL 33756 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	Title	AMBR
Name	BOTELLO, RUBEN M D.M.D.	Name	BOTELLO, RUBEN M D.M.D.
Address	4503 WEST LAMBRIGHT STREET	Address	4503 WEST LAMBRIGHT STREET
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614

*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: RUBEN M. BOTELLO, DMD**

**MGR/AMBR**

**01/15/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date