

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000212051

**Entity Name:** ULTIMATE SMILE DESIGN PLLC

**Current Principal Place of Business:**

730 EMERSON DRIVE NE  
PALM BAY, FL 32907

**Current Mailing Address:**

730 EMERSON DRIVE NE  
PALM BAY, FL 32907 US

**FEI Number:** 81-4484945

**Certificate of Status Desired:** No

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

BRUNN, FRANK  
407 EAST NEW HAVEN AVENUE  
MELBOURNE, FL 32901-4507 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 LORI D. NELSON D.D.S., LLC  
Address 730 EMERSON DRIVE NE  
City-State-Zip: PALM BAY FL 32907

Title MGR  
Name EMILY MILLINGEN DDS, PLLC  
Address 730 EMERSON DRIVE NE  
City-State-Zip: PALM BAY FL 32907

*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:** EMILY MILLINGEN

MGR

01/17/2020

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

\_\_\_\_\_ Date