

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000000989

**Entity Name:** SMILE DESIGN PALM HARBOR LLC

**Current Principal Place of Business:**

301 WOODLANDS PKWY  
SUITE 6  
OLDSMAR, FL 34677

**Current Mailing Address:**

601 SOUTH HARBOUR ISLAND BLVD  
SUITE 213  
TAMPA, FL 33602 US

**FEI Number:** 81-4811966

**Certificate of Status Desired:** No

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

PATEL, SACHIN  
601 SOUTH HARBOUR ISLAND BLVD  
SUITE 213  
TAMPA, FL 33602 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 PATEL, SACHIN  
Address 601 SOUTH HARBOUR ISLAND BLVD  
SUITE 213  
City-State-Zip: TAMPA FL 33602

*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:** SACHIN PATEL

MGR

04/09/2024

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

\_\_\_\_\_  
Date