

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000031901

Entity Name: SMILE AGAIN DENTAL LAB LLC

Current Principal Place of Business:

1428 HELENA ST
JACKSONVILLE, FL 32208

Current Mailing Address:

2290 MISSION CREEK DR
JACKSONVILLE, FL 32218 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLMES, JOCELYN L
2290 MISSION CREEK DR
JACKSONVILLE, FL 32218 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 HOLMES, JOCELYN OWENS
Address JACKSONVILLE
City-State-Zip: JACKSONVILLE FL 32208

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: JOCELYN HOLMES

MGR

03/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date