2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2020
Secretary of State
1830052606CC

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 OWNS HOLMES MGR 04/19/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date