

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000282566

**Entity Name:** MY SMILE DENTISTRY LLC

**Current Principal Place of Business:**

9640 STIRLING RD  
UNIT 101  
COOPER CITY, FL 33024

**Current Mailing Address:**

8820 PARKSIDE ESTATES DR  
DAVIE, FL 33328 US

**FEI Number:** 85-3464994

**Certificate of Status Desired:** No

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

GONZALEZ, KELLY DR.  
8820 PARKSIDE ESTATES DR  
DAVIE, FL 33328 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:** KELLY GONZALEZ

07/15/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GONZALEZ, KELLY Y  
Address 8820 PARKSIDE ESTATES DR  
City-State-Zip: DAVIE FL 33328

*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:** KELLY GONZALEZ

MANAGER

07/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date