

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000007885

**Entity Name:** SIX MONTH SMILES, LLC

**Current Principal Place of Business:**

6270 MORNING STAR DRIVE  
STE 120  
THE COLONY, TX 75056

**FILED**  
**Jan 05, 2018**  
**Secretary of State**  
**CC6989992759**

**Current Mailing Address:**

6270 MORNING STAR DRIVE  
120  
THE COLONY, TX 75056 US

**FEI Number: 90-0925080**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 BARKER, NICHOLAS  
Address 500 GRISWOLD, SUITE 2700  
City-State-Zip: DETROIT MI 48226

Title MGR  
Name HIGGINS, JOHN  
Address 500 GRISWOLD, SUITE 2700  
City-State-Zip: DETROIT MI 48226

Title MGR  
Name GERGEN, MICHAEL  
Address 6270 MORNING STAR DRIVE  
STE 120  
City-State-Zip: THE COLONY TX 75056

Title MANAGER  
Name LOWE, PERRY  
Address 6270 MORNING STAR DRIVE  
120  
City-State-Zip: THE COLONY TX 75056

Title MANAGER  
Name DELICH, PETER  
Address 6270 MORNING STAR DRIVE  
STE 120  
City-State-Zip: THE COLONY TX 75056

Title MANAGER  
Name ROBERTS, SEAN  
Address 500 GRISWOLD  
STE 2700  
City-State-Zip: DETROIT MI 48226

*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: PETER DELICH**

**MANAGER**

**01/05/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date