

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000007885

Entity Name: SIX MONTH SMILES, LLC

Current Principal Place of Business:

35 MAIN STREET
SCOTTSVILLE, NY 14546

Current Mailing Address:

35 MAIN STREET
SCOTTSVILLE, NY 14546

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 NAZEM, OMAR
Address 35 MAIN STREET
City-State-Zip: SCOTTSVILLE NY 14546

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

Title MGR
Name SHELLARD, EDWARD
Address 1765 THE EXCHANGE
City-State-Zip: ATLANTA GA 30339

Title MANAGER
Name LOWE, PERRY
Address 35 MAIN ST
City-State-Zip: SCOTTSVILLE NY 14546

Title MANAGER
Name DELICH, PETER
Address 35 MAIN STREET
City-State-Zip: SCOTTSVILLE NY 14546

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

CONTROLLER

03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date