

**2015 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 35 MAIN STREET  
City-State-Zip: SCOTTSVILLE NY 14546

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

*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

CFO

01/26/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date