

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000008321

Entity Name: SMILE EXPERIENCE OMS SUB, LLC

Current Principal Place of Business:

8686 131ST STREET, SUITE C
SEMINOLE, FL 33776

Current Mailing Address:

8686 131ST STREET, SUITE C
SEMINOLE, FL 33776

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ERNEST H. MCDOWELL, DMD
42 MIDWAY ISLAND
CLEARWATER, FL 33767 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 AMBR
Name ERNEST H. MCDOWELL, DMD
Address 8686 131ST STREET N.
City-State-Zip: SEMINOLE FL 33776

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: ERNEST MCDOWELL

AMBR

03/16/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date