

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000010890

**FILED**  
**Mar 23, 2006**  
**Secretary of State**

**Entity Name:** ECP, LLC

**Current Principal Place of Business:**

621 N. FERNCREEK AVE.  
ORLANDO, FL 32803

**New Principal Place of Business:**

1600 E. HILLCREST ST  
ORLANDO, FL 32803 US

**Current Mailing Address:**

630 N. THORNTON AVE.  
ORLANDO, FL 32803

**New Mailing Address:**

1600 E. HILLCREST ST  
ORLANDO, FL 32803 US

**FEI Number:** 13-4236288      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PUIG, ELENA C  
630 N. THORNTON AVE.  
ORLANDO, FL 32803 US

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

PUIG, ELENA C DR  
1600 E. HILLCREST ST  
ORLANDO, FL 32803 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: ELENA C. PUIG

03/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: DYNAMITE SMILE DESIG, N  
Address: 1600 E HILLCREST ST  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES:**

Title: DR (X) Change ( ) Addition  
Name: PUIG, ELENA C  
Address: 1600 E HILLCREST ST  
City-St-Zip: ORLANDO, FL 32803 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ELENA C PUIG

DR

03/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date