

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000088371

**Entity Name:** NORBERT D. SCHMITT, D.D.S., DENTAL CONSULTANT, LLC

**Current Principal Place of Business:**

5914 HAMMOCK ISLES CIRCLE  
NAPLES, FL 34119

**Current Mailing Address:**

5914 HAMMOCK ISLES CIRCLE  
NAPLES, FL 34119 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

GALBRAITH STATUTORY AGENT,LLC  
9045 STRADA STELL COURT  
SUITE 106  
NAPLES, FL 34109 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: BRAD A, GALBRAITH

04/02/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SCHMITT, NORBERT D  
Address 5914 HAMMOCK ISLES CIRCLE  
City-State-Zip: NAPLES FL 34119

*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: NORBERT D. SCHMITT

MGRM

04/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date