

2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L17000033812

Entity Name: MICHAEL J AGUIRRE DDS ORTHODONTIST LLC

Current Principal Place of Business:

4031 NW 43RD STREET
GAINESVILLE, FL 32606

Current Mailing Address:

3540 NW 30TH BLVD.
GAINESVILLE, FL 32605 US

FEI Number: 81-5315342

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AGUIRRE, MICHAEL J
3540 NW 30TH BLVD.
GAINESVILLE, FL 32605 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: MICHAEL J. AGUIRRE

12/13/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name AGUIRRE, MICHAEL J DDS
Address 3540 NW 30TH BLVD.
City-State-Zip: GAINESVILLE FL 32605

Title AR
Name AGUIRRE, LUCY C
Address 3540 NW 30TH BLVD.
City-State-Zip: GAINESVILLE FL 32605

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: LUCY C AGUIRRE

MANAGER

12/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date