## 2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L98000003377

Entity Name: GLICKSMAN & MARS DENTAL, LLC

**Current Principal Place of Business:** 

2797 NORTHEAST 207TH STREET NORTH MIAMI BEACH. FL 33180

**Current Mailing Address:** 

2797 NORTHEAST 207TH STREET NORTH MIAMI BEACH. FL 33180

FEI Number: 65-0883086 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARS, RICK A DR. 2797 NORTHEAST 207TH STREET NORTH MIAMI BEACH, FL 33180 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: DR RICK A MARS 09/30/2019

Electronic Signature of Registered Agent

Date

FILED Sep 30, 2019

**Secretary of State** 

8107659462CR

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name MARS, RICK AD.D.S. Name GLICKMAN, JOEL D.D.S.

Address 2797 NORTHEAST 207TH STREET Address 2797 NORTHEAST 207TH STREET

City-State-Zip: NORTH MIAMI BEACH FL 33180 City-State-Zip: NORTH MIAMI BEACH FL 33180

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: RICKY MARS PRESIDENT 09/30/2019