

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000013389

**FILED**  
**Apr 08, 2008**  
**Secretary of State**

**Entity Name:** DAVID G. KRICKL D.D.S. L.L.C.

**Current Principal Place of Business:**

409 6TH AVE EAST  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

409 6TH AVE EAST  
BRADENTON, FL 34208

**New Mailing Address:**

**FEI Number:** 51-0451303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH, ADAM B CPA  
5410 26TH STREET W  
SADDLE CREEK  
BRADENTON, FL 34207 US

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

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:** ADAM B. SMITH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** KRICKL, DAVID G DR.  
**Address:** 409 6TH AVE EAST  
**City-St-Zip:** BRADENTON, FL 34208

**Title:** MGR ( ) Delete  
**Name:** BOUCHER KRICKL, CELESTE S MRS.  
**Address:** 409 6TH AVE EAST  
**City-St-Zip:** BRADENTON, FL 34208

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify 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:** CELESTE S. BOUCHER-KRICKL

MGR

04/08/2008

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