

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000001194

FILED
Nov 07, 2008
Secretary of State

Entity Name: BOULEVARD DENTAL ASSOCIATES, LLC

Current Principal Place of Business:

10794 PINES BLVD.
SUITE 204
PEMBROKE PINES, F 33026 US

New Principal Place of Business:

Current Mailing Address:

10794 PINES BLVD.
SUITE 204
PEMBROKE PINES, F 33026 US

New Mailing Address:

FEI Number: 20-4038856 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:

Name and Address of New Registered Agent:

AURRECOECHEA, RAFAEL D.D.S
17942 SW 35TH CT.
MIRAMAR, FL 33029 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: RAFAEL AURRECOECHEA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: AURRECOECHEA, RAFAEL D.D.S.
Address: 17942 SW 35TH CT.
City-St-Zip: MIRAMAR, FL 33029 US

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

Title: MGRM () Delete
Name: AURRECOECHEA, JULIA D
Address: 17942 SW 35TH CT.
City-St-Zip: MIRAMAR, FL 33029

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: RAFAEL AURRECOECHEA

MGRM

11/07/2008

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