

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000035834

**FILED**  
**Dec 20, 2010**  
**Secretary of State**

**Entity Name:** GIANCARLO BLAND, D.M.D., PLLC

**Current Principal Place of Business:**

15782 VIANA WINDS POINT  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

15782 VIANA WINDS POINT  
DELRAY BEACH, FL 33446

**New Mailing Address:**

**FEI Number:** 20-4775079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLAND, GIANCARLO  
15782 VIANA WINDS POINT  
DELRAY BEACH, FL 33446 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:** GIANCARLO BLAND

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BLAND, GIANCARLO  
**Address:** 15782 VIANA WINDS POINT  
**City-St-Zip:** DELRAY BEACH, FL 33446

I hereby 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:** GIANCARLO BLAND

DR

12/20/2010

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