

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 13, 2009  
Secretary of State**

DOCUMENT# L06000054466

Entity Name: PETRA GORDON, D.M.D., PLLC

**Current Principal Place of Business:**

609 LAMAR AVE  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

609 LAMAR AVE  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

7529 CITRUS BLOSSOM DR.  
LAND 'O LAKES, FL 34637

**New Mailing Address:**

609 LAMAR AVE  
BROOKSVILLE, FL 34601

FEI Number: 20-4979998      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:**

GORDON, PETRA G DMD  
7529 CITRUS BLOSSOM DR.  
LAND 'O LAKES, FL 34637      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: PETRA G. GORDON, DMD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: GORDON, PETRA G DMD  
Address: 7529 CITRUS BLOSSOM DR.  
City-St-Zip: LAND 'O LAKES, FL 34637

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: PETRA GORDON

MGR

10/13/2009

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