

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000119840

**FILED**  
**Oct 09, 2013**  
**Secretary of State**

**Entity Name:** ORANGE CITY DENTAL SPECIALISTS, LLC

**Current Principal Place of Business:**

1095 TOWN CENTER BLVD  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

150 E. ROBINSON ST.  
2111  
ORLANDO, FL 32801

**New Mailing Address:**

1095 TOWN CENTER BLVD  
ORANGE CITY, FL 32763

**FEI Number:** 20-8102781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, SOUTH & MILHAUSEN, P.A.  
C/O SCOTT R. ROST, ESQ.  
1000 LEGION PLACE, SUITE 1200  
ORLANDO, FL 32801 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: SCOTT WENK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WENK, SCOTT  
Address: 1095 TOWN CENTER DRIVE  
City-St-Zip: ORANGE CITY, FL 32763

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: SCOTT WENK

MGR

10/09/2013

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