

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000005624

FILED  
Dec 04, 2008  
Secretary of State

Entity Name: DENTAL ICE, LLC

**Current Principal Place of Business:**

5649 TREVINO DRIVE  
MILTON, FL 32570 US

**New Principal Place of Business:**

**Current Mailing Address:**

5649 TREVINO DRIVE  
MILTON, FL 32570 US

**New Mailing Address:**

FEI Number: 59-3296574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BROWN, JANET E  
5649 TREVINO DRIVE  
MILTON, FL 32570 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: JANET E BROWN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BROWN, JANET E  
Address: 5649 TREVINO DRIVE  
City-St-Zip: MILTON, FL 32570 US

Title: MGR ( ) Delete  
Name: BROWN, CLARENCE L  
Address: 5649 TREVINO DRIVE  
City-St-Zip: MILTON, FL 32570 US

Title: MGR ( ) Delete  
Name: BROWN, MARY E  
Address: 5649 TREVINO DRIVE  
City-St-Zip: MILTON, FL 32570 US

**ADDITIONS/CHANGES:**

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

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: JANET E BROWN

MGR

12/04/2008

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