

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000063886

FILED
Dec 01, 2008
Secretary of State

Entity Name: CARLY L. LEMLEY, D.D.S., LLC

Current Principal Place of Business:

1642 MEDICAL LANE
SUITE A
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1642 MEDICAL LANE
SUITE A
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 26-0336248 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** (X)
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:

HAL ADAMS, P.A.
1642 MEDICAL LANE
SUITE A
FORT MYERS, FL 33907 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: HAL ADAMS, P.A.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: LEMLEY, CARLY L D.D.S.
Address: 1642 MEDICAL LANE, SUITE A
City-St-Zip: FORT MYERS, FL 33907 US

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: CARLY LYNN LEMLEY

MGRM

12/01/2008

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