

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000109055

1. Entity Name
JAGUAR DENTAL SPECIALTIES LLC



Principal Place of Business
3350 SW 148TH AVENUE
SUITE 110
MIRAMAR, FL 33027

Mailing Address
3350 SW 148TH AVENUE
SUITE 110
MIRAMAR, FL 33027

2. Principal Place of Business - No P.O. Box #
4505 NW 72 AVE

3. Mailing Address
4505 NW 72 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
26-1314106

Applied For
☒ Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

04012009 REIN-LLC

CR2E101 (1/07)

6. Name and Address of Current Registered Agent

BERGER, JERROLD
3350 SW 148TH AVENUE
SUITE 110
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4505 NW 72 AVE

City
MIAMI

FL

Zip Code
33166

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jerrold Berger

(NOTE: Registered Agent signature required when reinstating)

4/1/09

DATE

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
MGRM
BERGER, JERROLD
STREET ADDRESS
3350 SW 148TH AVENUE, SUITE 110
CITY-ST-ZIP
MIRAMAR, FL 33027

☐ Delete

TITLE
NAME
4505 NW 72 AVE
STREET ADDRESS
MIAMI, FL 33166
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE
NAME
MGRM
BERGER, AMY
STREET ADDRESS
3350 SW 148TH AVENUE, SUITE 110
CITY-ST-ZIP
MIRAMAR, FL 33027

☐ Delete

TITLE
NAME
4505 NW 72 AVE
STREET ADDRESS
MIAMI, FL 33166
CITY-ST-ZIP

☒ Change

☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Jerrold Berger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/1/09 786-433-6260

FILED

2009 APR -7 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

08-09
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