# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Oct 02, 2009**
**Secretary of State**

DOCUMENT# L08000079602

**Entity Name:** DENTAL EQUIPMENT CONSOLIDATORS OF FLORIDA, LLC

**Current Principal Place of Business:**

3191 CORAL WAY,
654
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3703
CENTENNIAL, CO 80161

**New Mailing Address:**

**FEI Number: 26-3733671** **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:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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

BRYAN P. WINTERS, P.A.
3191 CORAL WAY
654
MIAMI, FL 33145 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: BRYAN P. WINTERS 10/02/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: KERN, JOE
Address: 6898 SOUTH UNIVERSITY BLVD., #250
City-St-Zip: CENTENNIAL, CO 80122

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: OLIVER, JAMES W
Address: 900 INDIANA AVE.
City-St-Zip: WICHITA FALLS, TX 76301

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: JAMES W. OLIVER MGR. 10/02/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date