

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000016615

**FILED**  
**Sep 27, 2010**  
**Secretary of State**

**Entity Name:** ORMOND BEACH DENTIST LLC

**Current Principal Place of Business:**

802 STERTHAUS AVE  
A  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

802 STERTHAUS AVE  
802  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

5510 KENMORE LN  
ORLANDO, FL 32839

**New Mailing Address:**

**FEI Number:** 90-0444294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZAMAN, ARIF  
802 STERTHAUS AVE  
A  
ORMOND BEACH, FL 32174 US

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

SZOTT, PAUL  
802 STERTHAUS AVE  
802  
ORMOND BEACH, FL 32174 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: PAUL SZOTT

09/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SZOTT, PAUL  
Address: 802 STERTHAUS AVE STE 802  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM  
Name: ZAMAN, ARIF  
Address: 802 STERTHAUS AVE STE 802  
City-St-Zip: ORMOND BEACH, FL 32174

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: PAUL SZOTT

MGRM

09/27/2010

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