

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000045359

**FILED**  
**Mar 08, 2013**  
**Secretary of State**

**Entity Name:** CHARLES E STAMITOLES, D.D.S., P.L.

**Current Principal Place of Business:**

1025 CREIGHTON RD  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

1025 CREIGHTON RD  
PENSACOLA, FL 32504

**New Mailing Address:**

**FEI Number:** 59-3677827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROCKWELL ACCOUNTING LLC  
912 W MICHIGAN AVE  
PENSACOLA, FL 32505 US

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

STAMITOLES, CHARLES E SR  
1025 CREIGHTON RD  
PENSACOLA, FL 32504 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: CHARLES E STAMITOLES SR

03/08/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STAMITOLES, CHARLES E SR  
Address: 1025 CREIGHTON RD  
City-St-Zip: PENSACOLA, F 32504

Title: MGRM  
Name: STAMITOLES, FAYE S  
Address: 1025 CREIGHTON RD  
City-St-Zip: PENSACOLA, FL 32504

Title: MGR  
Name: CHARLES, STAMITOLES JR  
Address: 1025 CREIGHTON RD  
City-St-Zip: PENSACOLA, FL 32504

Title: MGR  
Name: PETER, STAMITOLES  
Address: 1025 CREIGHTON RD  
City-St-Zip: PENSACOLA, FL 32504

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: CHARLES E STAMITOLES SR

MGRM

03/08/2013

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