

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000072854

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** LAGUNA ISLES DENTAL, L.L.C.

**Current Principal Place of Business:**

19551 SHERIDAN ST  
PEMBROKE PINES, FL 33332

**New Principal Place of Business:**

**Current Mailing Address:**

19551 SHERIDAN ST  
PEMBROKE PINES, FL 33332

**New Mailing Address:**

**FEI Number:** 27-0773410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUJTABA, MONEEZE  
19551 SHERIDAN ST  
PEMBROKE PINES, FL 33332 US

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

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: MONEEZE MUJTABA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MUJTABA, MONEEZE  
Address: 19551 SHERIDAN ST  
City-St-Zip: PEMBROKE PINES, FL 33332

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: MONEEZE MUJTABA

DDS

02/10/2011

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