

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000082276

Entity Name: DENT HOUDINI, LLC

**FILED**  
**Nov 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6023 KESTREL PT. AVE.  
LITHIA, FL 33547 US

**New Principal Place of Business:**

1050 JAMESON RD.  
LITHIA, FL 33547 US

**Current Mailing Address:**

6023 KESTREL PT. AVE.  
LITHIA, FL 33547 US

**New Mailing Address:**

6023 KESTREL POINT AVE.  
LITHIA, FL 33547

FEI Number: 27-0822716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
A-100  
TAMPA, FL 33612 US

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

ALEXANDER, TROY A  
6023 KESTREL POINT AVE.  
LITHIA, FL 33547 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: TROY A. ALEXANDER

11/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR.  
Name: ALEXANDER, TROY A  
Address: 6023 KESTREL PT. AVE.  
City-St-Zip: LITHIA, FL 33547 US

Title: MRS.  
Name: ALEXANDER, MARGARET F  
Address: 6023 KESTREL POINT AVE.  
City-St-Zip: LITHIA, FL 33547

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: TROY A. ALEXANDER

MGRM

11/18/2010

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