

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000005259

**Entity Name:** BRIGHTON DENTAL LAB LLC

**FILED**  
**Jan 06, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

1627 SW WATERFALL BLVD  
PALM CITY, FL 34990

**New Principal Place of Business:**

200 SE SEVILLE STREET  
STUART, FL 34994

**Current Mailing Address:**

1627 SW WATERFALL BLVD  
PALM CITY, FL 34990

**New Mailing Address:**

200 SE SEVILLE STREET  
STUART FL, FL 34994

**FEI Number:** 27-1686400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORELLI, ANTHONY  
1627 SW WATERFALL BLVD  
PALM CITY, FL 34990 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: ANTHONY NORELLI

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: NORELLI, ANTHONY  
Address: 1627 SW WATERFALL BLVD  
City-St-Zip: PALM CITY, FL 34990

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: ANTHONY NORELLI

OWNE

01/06/2014

Electronic Signature of Authorized Person

Date