

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000033516

**Entity Name:** ANAS SELMAN, DDS, PLLC

**FILED**  
**Nov 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6115 STIRLING ROAD  
SUITE 213  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

6115 STIRLING ROAD  
SUITE 213  
DAVIE, FL 33314 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

SELMAN, ANAS  
6115 STIRLING ROAD  
SUITE 213  
DAVIE, FL 33314 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: ANAS SELMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SELMAN, ANAS  
**Address:** 6115 STIRLING ROAD  
**City-St-Zip:** DAVIE, FL 33314 US

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: ANAS SELMAN

DDS

11/16/2012

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