# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Oct 03, 2011**
**Secretary of State**

DOCUMENT# L10000049756

**Entity Name:** NOVA FAMILY DENTISTRY, LLC

**Current Principal Place of Business:**

1569 N NOVA ROAD
HOLLY HILL, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

1569 N NOVA ROAD
HOLLY HILL, FL 32117

**New Mailing Address:**

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

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

MARTIN, PAMELA R
1569 N NOVA ROAD
HOLLY HILL, FL 32117 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: PAMELA R. MARTIN

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: MARTIN, PAMELA R
Address: 1569 N NOVA ROAD
City-St-Zip: HOLLY HILL, FL 32117

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 Statues.

SIGNATURE: PAMELA R. MARTIN MGRM 10/03/2011

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