

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000115196

Entity Name: AMITIE DENTAL LAB ,LLC

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

185 NW 47 AVE  
APT #2  
MIAMI, FL 33126

**New Principal Place of Business:**

4506 SW 159TH CT  
MIAMI, FL 33185

**Current Mailing Address:**

185 NW 47 AVE  
APT #2  
MIAMI, FL 33126

**New Mailing Address:**

4506 SW 159TH CT  
MIAMI, FL 33185

FEI Number: 27-3864441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MACEDO DASILVA COSTA, DAVID  
185 NW 47 AVE  
APT #2  
MIAMI, FL 33126 US

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

MACEDO DASILVA COSTA, DAVID  
4506 SW 159TH CT  
MIAMI, FL 33185 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: MACEDO DASILVA COSTA DAVID

02/03/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MACEDO DASILVA COSTA, DAVID  
Address: 4506 SW 159TH CT  
City-St-Zip: MIAMI, FL 33185

Title: MGRM  
Name: DAYRON, PEREZ  
Address: 4506 SW 159TH CT  
City-St-Zip: MIAMI, FL 33185

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: MACEDO DASILVA COSTA DAVID

MGRM

02/03/2012

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