

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000128340

**FILED**  
**Oct 06, 2011**  
**Secretary of State**

**Entity Name:** KARA B. HOURDAS, DMD, PL

**Current Principal Place of Business:**

300 ALTERNATE 19 STE B  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

300 ALTERNATE 19 STE B  
PALM HARBOR, FL 34683

**New Mailing Address:**

**FEI Number:** 27-4181958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOURDAS, KARA B DMD  
300 ALTERNATE 19 STE B  
PALM HARBOR, FL 34683 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:** KARA HOURDAS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HOURDAS, KARA  
**Address:** 300 ALT 19 N, SUITE B  
**City-St-Zip:** PALM HARBOR, FL 34683

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:** KARA HOURDAS

MGR

10/06/2011

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