

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000030806

**FILED**  
**Jan 08, 2014**  
**Secretary of State**

**Entity Name:** CROMER & CAIRNS DENTAL, LLC

**Current Principal Place of Business:**

1225 US HIGHWAY 1  
SUITE 3  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

1225 US HIGHWAY 1  
SUITE 3  
VERO BEACH, FL 32960 US

**New Mailing Address:**

**FEI Number:** 27-5562430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRETSCHMER, FRED L JR.  
1443 20TH STREET  
SUITE A  
VERO BEACH, FL 32960 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: FRED KRETSCHMER

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: CAIRNS, JOHN S DR.  
Address: 1225 US HIGHWAY 1, SUITE 3  
City-St-Zip: VERO BEACH, FL 32960 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JOHN CAIRNS

MGR

01/08/2014

Electronic Signature of Authorized Person

Date