

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000070185

**FILED**  
**Apr 11, 2013**  
**Secretary of State**

**Entity Name:** EAST COAST PAINTLESS DENT REPAIR LLC

**Current Principal Place of Business:**

411 MCLEOD DR  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

411 MCLEOD DR  
COCOA, FL 32922

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, KURT  
411 MCLEOD DR  
COCOA, FL 32922 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: KURT DAVIS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MNGR  
Name: DAVIS, KURT W  
Address: 411 MCLEOD DR  
City-St-Zip: COCOA, FL 32922

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: KURT DAVIS

MGR

04/11/2013

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