

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000012953

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Entity Name:** PARAMOUNT DENT REMOVAL LLC.

**Current Principal Place of Business:**

4950 SHADE TREE STREET  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

4950 SHADE TREE STREET  
COCOA, FL 32926

**New Mailing Address:**

**FEI Number:** 45-4389949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATTHEW DANIEL DIESEL  
4950 SHADE TREE STREET  
COCOA, FL 32926 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:** MATTHEW DANIEL DIESEL

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** MATTHEW DANIEL DIESEL  
**Address:** 4950 SHADE TREE STREET  
**City-St-Zip:** COCOA, FL 32926

**Title:** MGRM  
**Name:** MAKENNA O'BERRY DIESEL  
**Address:** 4950 SHADE TREE STREET  
**City-St-Zip:** COCOA, FL 32926

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:** MATTHEW DANIEL DIESEL

MGR

10/01/2014

Electronic Signature of Authorized Person

Date