

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000039499

FILED
Jan 17, 2014
Secretary of State

Entity Name: CACERES DENTAL SERVICES LLC

Current Principal Place of Business:

1850 SE 18TH AVE
307
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

1850 SE 18TH AVE
307
OCALA, FL 34471

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORREA, JOSE N
833 SAVANNAH FALLS DR
WESTON, FL 33327 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: JOSE N. CORREA

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGRM
Name: CACERES, CESAR A
Address: 1850 SE 18TH AVENUE APT. 307
City-St-Zip: Ocala, FL 33471

Title: MGRM
Name: RAMIREZ, MARIA F
Address: 1850 SE 18TH AVENUE APT. 307
City-St-Zip: Ocala, FL 33471

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: CESAR CACERES

MGRM

01/17/2014

Electronic Signature of Authorized Person

Date