

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000094484

**FILED**  
**Dec 05, 2014**  
**Secretary of State**

**Entity Name:** MAZA DENTAL SOLUTIONS,LLC

**Current Principal Place of Business:**

2001 BISCAYNE BLVD.  
APT 2608  
MIAMI, FL 33137

**New Principal Place of Business:**

1455 WEST AVE  
APT 404  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

2001 BISCAYNE BLVD.  
APT 2608  
MIAMI, FL 33137

**New Mailing Address:**

1455 WEST AVE  
APT 404  
MIAMI BEACH, FL 33139

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

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

MAZA, CARLOS A  
2001 BISCAYNE BLVD  
APT. 2608  
MIAMI, FL 33137 US

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

MAZA, CARLOS A  
1455 WEST AVE  
APT 404  
MIAMI BEACH, FL 33139 US

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: CARLOS MAZA

12/05/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: MAZA, CARLOS A  
Address: 1455 WEST AVE APT 404  
City-St-Zip: MIAMI BEACH, FL 33139 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: CARLOS MAZA

MR

12/05/2014

Electronic Signature of Authorized Person

Date