1. DOCUMENT #

M02000001806

Name and Mailing Address

0014480 01 AT 0,292 **AUTO T2 0 0615 34108-282577

lallahataaliihaaladaalahahalahalladaaliadaal SHOWERDENT LLC 5550 HERON POINT DRIVE, SUITE 1902 NAPLES FL 34108-2825





| 2. New Mailing Address | | | | 4. State/Country of Formation DE | | | |
|---|--|---|--|--|---|---|--|
| City, State, | Zip | | · | | | 07/10/2002 | |
| Principal Place of Business 3. New Principal Place of Business Address 5550 HERON POINT DRIVE, SUITE 1902 | | | | | 6. FEI Number Applied For 59–3724105 Not Applicable | | |
| NAPLES FL 34108 | | City, State, Zip | | 7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status | | | |
| | 8. Name and Address of Current | Name and Address of New Registered Agent | | | | | |
| 441 | DIANO, JOSEPH A 5 METRO PARKWAY, SUITE 3 RT MYERS FL 33916 | 25 | 5. Date Organized or Qualified To Do Business in Florida 7. CERTIFICATE OF STATUS DESIRED So. So. Additional Fee required for a Certificate of Status 9. Name and Address of New Registered Agent Name TOANK. PENDETTA Street Address (P.O. Box Number is Not Acceptable) 55.50 HETTON POINT DRIVE City NAMES FL 3400 Sde No. Date 10 J. J. J. O. O. School Status Date 10 J. J. J. O. School Status Street Address of Each naging Member/Manager Napital Street Address of New Registered Agent National S | Street Address (P.O. Box Number is Not Acceptable) 5550 HETCOLD POINT DRIVE | | | |
| | | | City NAP | res | | FL 3º4%08 | |
| 10. I, bein Signature o Registered | f AgentSIR | pove named limited liability conany, ATUP RECEDITION GISTERED AGENT MUST SIGN | am familiar with ar | nd accept the obliga | 1 | | |
| 11. Names | and Street Addresses of Each Managing | | | | | | |
| Title(s) | Name of Managing Members/Managers | | Street Address of Each Managing Member/Manager | | City / State / Zip | | |
| MGRM | PENNETTA, RICHARD J | 5550 HERON | 5550 HERON POINT DRIVE, SUITE 1902 | | NAPLES FL 3 | 14108 | |
| | | | pcini | STATE | | 93 cis | |
| | | | <u>er mann</u> | SANTARE | | dec | |
| | | | | | | | |
| filing th all fees as if m Signature o | is reinstatement application the construction of the limited liability and liability a | the been eliminated, the | limited liability comp on this application | pany name satisfies n is true and accura | s the requirements of s te, and my signature s | section 608.406, F.S., and that the same legal effe | |

Managing Member/Manage