

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000006321

FILED
Jan 07, 2009
Secretary of State

Entity Name: PERIO PROTECT, LLC

Current Principal Place of Business:

3929 BAYLESS AVENUE STE. A
SAINT LOUIS, MO 63125

New Principal Place of Business:

3955 BAYLESS AVENUE STE. 200
SAINT LOUIS, MO 63125

Current Mailing Address:

3929 BAYLESS AVENUE STE. A
SAINT LOUIS, MO 63125

New Mailing Address:

3955 BAYLESS AVENUE STE. 200
SAINT LOUIS, MO 63125

FEI Number: 43-1926211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BARBARA A. BURKE, SPC ASST SECY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: KELLER, DUANE C
Address: 4037 S. LINDBERGH BLVD
City-St-Zip: SAINT LOUIS, MO 63127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Delete
Name: KELLER, CAROL A
Address: 4037 S. LINDBERGH BLVD
City-St-Zip: SAINT LOUIS, MO 63127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: DUNLAP, DOUGLAS N
Address: 14 VICKSBURG CIRCLE
City-St-Zip: SAINT LOUIS, MO 63123

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DOUG DUNLAP

MGR

01/07/2009

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