## 2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000050388

Entity Name: JB DENTS LLC

**Current Principal Place of Business:** 

246 SW STARFISH AVE. PORT SAINT LUCIE. FL 34984

**Current Mailing Address:** 

246 SW STARFISH AVE.

PORT SAINT LUCIE. FL 34984

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLIND, JAMES M 246 SW STARFISH AVE. PORT SAINT LUCIE, FL 34984 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: JAMES M BLIND 03/30/2016

Electronic Signature of Registered Agent

Date

**FILED** Mar 30, 2016

**Secretary of State** 

CR4556818888

Authorized Person(s) Detail:

Title MGRM Title MGR

BLIND, JAMES M Name BLIND, KALENE M Name

246 SW STARFISH AVE. Address 246 SW STARFISH AVE. Address

City-State-Zip: PORT SAINT LUCIE FL 34984 City-State-Zip: PORT SAINT LUCIE FL 34984

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES M BLIND

Electronic Signature of Signing Authorized Person(s) Detail

03/30/2016

Date