

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000032983

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** PERSONAL TOUCH CLEANING SERVICE, LLC

**Current Principal Place of Business:**

8104 KIAWAH TRACE  
PORT ST LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

8104 KIAWAH TRACE  
PORT ST LUCIE, FL 34986 US

**New Mailing Address:**

PO BOX 2325  
PALM CITY, FL 34991 US

FEI Number: 20-4596484      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:**

POHL, DARREN K  
8104 KIAWAH TRACE  
PORT ST LUCIE, FL 34986 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: DARREN POHL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PHILLIPS, KAREN  
Address: P.O. BOX 2054  
City-St-Zip: STUART, FL 34995 US

Title: MGRM ( ) Delete  
Name: POHL, DARREN K  
Address: 4438 NW ALBION AVE  
City-St-Zip: PORT ST LUCIE, FL 34983 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PHILLIPS, KAREN MGR  
Address: PO BOX 880254  
City-St-Zip: PORT ST LUCIE, FL 34988 US

Title: MGRM (X) Change ( ) Addition  
Name: PHILLIPS, MICHAEL J MGRM  
Address: PO BOX 880254  
City-St-Zip: PORT ST LUCIE, FL 34988 US

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: KAREN PHILLIPS

MGR

01/21/2009

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