

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000075164

**FILED**  
**Mar 02, 2009**  
**Secretary of State**

**Entity Name:** DREAMS IN MOTION LEARNING CENTER LLC

**Current Principal Place of Business:**

5737 PEMBROKE ROAD  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

6122 SW 22 CT  
MIRAMAR, FL 33023

**New Mailing Address:**

5737 PEMBROKE ROAD  
HOLLYWOOD, FL 33023

**FEI Number:** 51-0594807      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

NATASHA, TURNER  
6122 SW 22CT  
MIRAMAR, FL 33023      US

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

NATASHA, TURNER  
7740 MERIDIAN STREET  
MIRAMAR, FL 33023      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: NATASHA TURNER

03/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: NATASHA, TURNER  
Address: 6122 SW 22 CT  
City-St-Zip: MIRAMAR, FL 33023

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: NATASHA, TURNER  
Address: 7740 MERIDIAN STREET  
City-St-Zip: MIRAMAR, FL 33023

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: NATASHA TURNER

DIR

03/02/2009

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