

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000084996

Entity Name: MY PERSONAL CHEF, LLC

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

4883 OTTIS TRAIL
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

232 N 2ND ST.
FERNANDINA BEACH, FL 32034

Current Mailing Address:

PO BOX 1006
FERNANDINA BEACH, FL 32035

New Mailing Address:

15 N 19TH ST.
FERNANDINA BEACH, FL 32034

FEI Number: 51-0557984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCARTHY, BRIAN
2112 N 14TH STREET
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

MURRAY, SUSAN M
15 N 19TH ST.
FERNANDINA BEACH, FL 32034 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: SUSAN M. MURRAY

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCARTHY, BRIAN
Address: 2112 N 14TH STRET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM (X) Delete
Name: MURRAY, SUSAN M
Address: PO BOX 16803
City-St-Zip: FERNANDINA BEACH, FL 32035

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MURRAY, SUSAN
Address: 15 N 19TH ST
City-St-Zip: FERNANDINA BEACH, FL 32034

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: SUSAN M MURRAY

MGRM

04/24/2008

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