

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000094013

**FILED**  
**Jun 10, 2008**  
**Secretary of State**

**Entity Name:** PERSONAL MOTIVATOR LLC

**Current Principal Place of Business:**

201 CRANDON BLVD.  
524  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

607 OCEAN DRIVE  
6K  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

201 CRANDON BLVD.  
524  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

607 OCEAN DRIVE  
6K  
KEY BISCAYNE, FL 33149

**FEI Number:** 20-8481847      **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:**

NAVARRETE, VICTORIA  
201 CRANDON BLVD.  
524  
KEY BISCAYNE, FL 33149 US

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

NAVARRETE, VICTORIA  
607 OCEAN DRIVE  
6K  
KEY BISCAYNE, FL 33149 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: VICTORIA NAVARRETE

06/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: NAVARRETE, VICTORIA  
Address: 607 OCEAN DR. SUITE 6K  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

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: VICTORIA NAVARRETE

OWNE

06/10/2008

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