

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000114958

Entity Name: PE, LLC

**FILED**  
**Nov 17, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

4699 GLENEAGLES DRIVE  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

4699 GLENEAGLES DRIVE  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

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

T.N. MURPHY, JR. P.A.  
980 NORTH FEDERAL HIGHWAY SUITE 410  
BOCA RATON, FL 33432 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: T.N.MURPHY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KEIM, PATRICIA TRUSTEE  
Address: 4699 GLENEAGLES DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGRM ( ) Delete  
Name: DOMINO, ELIZABETH  
Address: 4699 GLENEAGLES DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PATRICA KEIM

MGRM

11/17/2008

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