

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000098565

**FILED**  
**Aug 14, 2013**  
**Secretary of State**

**Entity Name:** PROFESSIONAL TOUCH SERVICES, LLC

**Current Principal Place of Business:**

12000 4TH ST N APT 54  
ST PETERSBURG, FL 33716 US

**New Principal Place of Business:**

**Current Mailing Address:**

12000 4TH ST N APT 54  
ST PETERSBURG, FL 33716 US

**New Mailing Address:**

**FEI Number:** 26-3598995

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEAR, TRACY DANIELLE  
12000 4TH ST N APT 54  
ST PETERSBURG, FL 33716 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:** TRACY DANIELLE LEAR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM

**Name:** LEAR, TRACY DANIELLE

**Address:** 12000 4TH ST N APT 54

**City-St-Zip:** ST PETERSBURG, FL 33716 US

I hereby 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:** TRACY DANIELLE LEAR

MS

08/14/2013

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