

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000007993

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** PRIVATE CHEF AT HOME, LLC

**Current Principal Place of Business:**

2398 SW 28 TERRACE  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

4801 S UNIVERSITY DRIVE  
123  
DAVIE, FL 33328

**Current Mailing Address:**

2398 SW 28 TERRACE  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

4801 S UNIVERSITY DRIVE  
123  
DAVIE, FL 33328

**FEI Number:** 26-4018565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILLIAMSON, VICTORIA S  
2398 SW 28 TERRACE  
FORT LAUDERDALE, FL 33312 US

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

WILLIAMSON, VICTORIA S  
4801 S UNIVERSITY DR  
123  
DAVIE, FL 33328 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 S WILLIAMSON

03/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILLIAMSON, VICTORIA S  
Address: 4801 S UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33328

Title: MGRM  
Name: SANCHEZ, PASCAL  
Address: 4801 S UNIVERSITY DR  
City-St-Zip: DAVIE, FL 33328

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: VICTORIA S WILLIAMSON

MGR

03/26/2012

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