

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000012265

**Entity Name:** WORKIN' ON A DREAM, L.L.C

**FILED**  
**Nov 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5160 S.E. EBBTIDE AVE.  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 369  
PORT SALERNO, FL 34992 US

**New Mailing Address:**

4486 SW TABOR ST.  
PORT ST. LUCIE, FL 34953 US

**FEI Number:** 27-1785209

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOHNSON, ROBERTA L  
5160 S.E. EBBTIDE AVE.  
STUART, FL 34997 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:** ROBERTA L. JOHNSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** JOHNSON, ROBERTA L  
**Address:** 5160 SE EBBTIDE AVE  
**City-St-Zip:** STUART, FL 34997 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:** ROBERTA L. JOHNSON

MGR

11/18/2011

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