

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000118624

**FILED**  
**Dec 18, 2012**  
**Secretary of State**

**Entity Name:** WORKOUT ASSISTANCE SOLUTIONS TRUST, LLC

**Current Principal Place of Business:**

1318 N. FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

1318 N. FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 45-3616937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACHER, GABRIEL  
1318 N. FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020 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: GABRIEL ACHER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ACHER, GABRIEL  
Address: 1318 N. FEDERAL HIGHWAY  
City-St-Zip: HOLLYWOOD, FL 33020

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: GABRIEL ACHER

MGRM

12/18/2012

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