
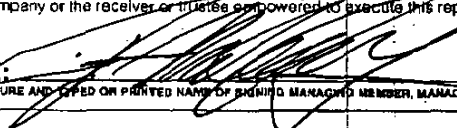


**2005 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 9:09

| | | | |
|---|--|--|---|
| DOCUMENT # L03000031387 | |  | |
| 1. Entity Name MARMAC ASSOCIATES, LLC | | | |
| Principal Place of Business 225 NORTH EAST MIZNER BLVD, STE 300 BOCA RATON, FL 33432 | | Mailing Address 225 NORTH EAST MIZNER BLVD, STE 300 BOCA RATON, FL 33432 | |
| 2. Principal Place of Business 1375 Gateway Blvd. | | 3. Mailing Address 1375 Gateway Blvd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Boynton Beach, FL | | City & State Boynton Beach, FL | |
| Zip 33426 | | Zip 33426 | |
| Country USA | | Country USA | |
| 4. FEI Number 20-0151916 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERTY FARMS RD #221E PALM BEACH GARDENS, FL 33410 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MICHAEL T. HILGEMANN MILWAUKEE, WI 53127 City FL Zip Code 04-05 | |
| 8. The above named entity submits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Karla Sarria VP Corporate Creations SIGNATURE: _____ DATE: 1/7/05 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MARMAC ASSOCIATES, LLC 225 NORTH EAST MIZNER BLVD, STE 300 BOCA RATON, FL 33432 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1375 Gateway Blvd. Boynton Beach, FL 33426 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 900045211929 01/24/05--01011--009 **100.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  | | 1/19/05 877-649-1535 Daytime Phone # | |