

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000083175

FILED
Sep 30, 2009
Secretary of State

Entity Name: MARQUEE ENTERPRISES LLC

Current Principal Place of Business:

1880 S. OCEAN DRIVE #705W
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

1880 S. OCEAN DRIVE #705W
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 41-2184450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVE, LEYKIND
1880 S. OCEAN DRIVE #705W
HALLANDALE BEACH, FL 33009 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: STEVE LEYKIND

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEYKIND, STEVE R
Address: 1880 SOUTH OCEAN DRIVE #705W
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGR () Delete
Name: BATKILIN, ELARYA
Address: 1880 S. OCEAN DRIVE #705W
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGR () Delete
Name: BATKILIN, LEON
Address: 1880 S. OCEAN DRIVE #705W
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: STEVE LEYKIND

MGR

09/30/2009

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