


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
09 AUG -4 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L07000107966

1. Entity Name  
**MARIEM PRODUCTIONS LLC**



Principal Place of Business      Mailing Address  
**1598 SANDPIPER CIRCLE**      **1598 SANDPIPER CIRCLE**  
**WESTON, FL 33327**              **WESTON, FL 33327**

100156131431  
05/18/09--01029--007 \*\*38.75



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**415 N 2nd AV #A**      **415 N 2nd av #B**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

11142008    REIN-LLC      CR2E101 (1/07)

City & State      City & State  
**Lakeworth, FL**      **Lakeworth, FL**  
 Zip      Country      Zip      Country  
**33480**      **USA**      **33480**      **USA**

4. FEI Number      Applied For  
 Not Applicable  
 5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SALIBI, ROBERT M**  
**1598 SANDPIPER CIR**  
**WESTON, FL 33327**

7. Name and Address of New Registered Agent  
 Name **Marianella Rodriguez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**415 N 2nd AV. APT B**  
 City **Lakeworth**      FL      Zip Code **33480**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2009, Fee will be \$377.50**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, MARIANELLA 1598 SANDPIPER CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert M Salibi <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/12/08-01037-005-#238.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. HAWKES <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAY 2 2009 EXAMINER <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**S. HAWKES**  
AUG 5 2009  
**EXAMINER**

REINSTATEMENT

2008/2009

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_      Date **05/14/09**      Daytime Phone # **(786) 231-9777**

(561)