

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000005895

Entity Name: MAMMA, LLC

FILED  
Nov 09, 2007  
Secretary of State

**Current Principal Place of Business:**

5620 N. PARK RD  
FORT LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

5620 N. PARK RD  
FORT LAUDERDALE, FL 33312 US

**New Mailing Address:**

FEI Number: 75-2987303      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

FEDER, LAWRENCE H  
2450 HOLLYWOOD BLVD., STE. 401  
HOLLYWOOD, FL 33020 US

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

GENTILE, MARIO  
5620 N. PARK RD  
FORT LAUDERDALE, FL 33312 US

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: MARIO GENTILE

11/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GENTILE, PAOLA  
Address: 5620 N. PARK RD  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGRM ( ) Delete  
Name: GENTILE, MARIO  
Address: 5620 N. PARK RD  
City-St-Zip: FORT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES:**

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: PAOLA GENTILE

MGRM

11/09/2007

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