

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000047548

Entity Name: J. MARIUS & BOWSER LLC

FILED  
Nov 03, 2004  
Secretary of State

## Current Principal Place of Business:

3829 HOLLYWOOD BLVD  
A  
HOLLYWOOD, FL 33021 US

## New Principal Place of Business:

## Current Mailing Address:

3829 HOLLYWOOD BLVD  
A  
HOLLYWOOD, FL 33021 US

## New Mailing Address:

FEI Number: 01-0745192      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:

## Name and Address of New Registered Agent:

MARIUS, JOHN P  
3829 HOLLYWOOD BLVD  
A  
HOLLYWOOD, FL 33021 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: MARIUS, JOHN P  
Address: 3829 HOLLYWOOD BLVD, SUITE A  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGR ( ) Delete  
Name: BOWSER, TRACY E  
Address: 3829 HOLLYWOOD BLVD, SUITE A  
City-St-Zip: HOLLYWOOD, FL 33021 US

## 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 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 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: JOHN P. MARIUS

MGR

11/03/2004

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