# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Dec 05, 2006**
**Secretary of State**

DOCUMENT# L04000069050

**Entity Name:** MARELLI INTERIOR SOLUTION, LLC

**Current Principal Place of Business:**

869 DOVE AVE
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

1299 FOUNTAINHEAD DR.
DELTONA, FL 32725

**Current Mailing Address:**

869 DOVE AVE
ROCKLEDGE, FL 32955

**New Mailing Address:**

1299 FOUNTAINHEAD DR.
DELTONA, FL 32725

**FEI Number: 13-4287189** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MARELLI, LUIS E MGR
869 DOVE AVE.
ROCKLEDGE, FL 32955 US

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

MARELLI, LUIS E MGR
1299 FOUNTAINHEAD DR.
DELTONA, FL 32725 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: LUIS MARELLI 12/05/2006
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: MARELLI, MIREYA C
Address: 869 DOVE AVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGR ( ) Delete
Name: MARELLI, LUIS E
Address: 869 DOVE AVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: ST ( ) Delete
Name: MARELLI, LUIS E
Address: 869 DOVE AVE
City-St-Zip: ROCKLEDGE, FL 32955

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: MARELLI, MIREYA C
Address: 1299 FOUNTAINHEAD DR.
City-St-Zip: DELTONA, FL 32725

Title: MGR (X) Change ( ) Addition
Name: MARELLI, LUIS E
Address: 1299 FOUNTAINHEAD DR.
City-St-Zip: DELTONA, FL 32725

Title: ST (X) Change ( ) Addition
Name: MARELLI, LUIS E
Address: 1299 FOUNTAINHEAD DR.
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS MARELLI MGR 12/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date