

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000092851

**FILED**  
**Mar 03, 2006**  
**Secretary of State**

**Entity Name:** EUROPEAN FOAM & CAST, LLC

**Current Principal Place of Business:**

2800 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805 US

**New Principal Place of Business:**

**Current Mailing Address:**

2800 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

JUSAKOS, YANI  
2800 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32805 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: YANI JUSAKOS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: JUSAKOS, YANI  
Address: 2800 SOUTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32805 US

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

Title: MGRM ( ) Delete  
Name: JUSAKOS, LUZ MARINA  
Address: 2800 SOUTH ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32805 US

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 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: LUZ MARINA JUSAKOS

P

03/03/2006

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