

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000109014

Entity Name: MARIO'S STONE & TILE LLC

FILED
Oct 13, 2006
Secretary of State

Current Principal Place of Business:

11567 ALEXIS FOREST DR
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

11567 ALEXIS FOREST DR
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 20-3771720 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:

XPRESS EFILE INC
1511 PENMAN RD
STE B
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

MOCORRI, PELLUMB
11567 ALEXIS FOREST DR
STE B
JACKSONVILLE, FL 32258 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: PELLUMB MOCORRI

10/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOCORRI, PELLUMB
Address: 11567 ALEXIS FOREST DR
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: PAULIN, SHKURTAJ
Address: 11610 SUMMER BROOK CT
City-St-Zip: JACKSONVILLE, FL 32258-255 US

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: MOCORRI PELLUMB

MGR

10/13/2006

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