

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000116222

Entity Name: MAXIMUS MARINE LLC

FILED  
Oct 28, 2008  
Secretary of State

## Current Principal Place of Business:

219 MEMORY LN  
APT #2  
NAPLES, FL 34112

## New Principal Place of Business:

## Current Mailing Address:

219 MEMORY LANE  
APT #2  
NAPLES, FL 34112

## New Mailing Address:

219 MEMORY LN  
APT #2  
NAPLES, FL 34112

FEI Number: FEI Number Applied For (X) 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:

MOSALLEM, MICHEL  
219 MEMORY LN  
APT #2  
NAPLES, FL 34112 US

## Name and Address of New Registered Agent:

FURTADO, RICHARD E  
219 MEMORY LN  
APT #2  
NAPLES, FL 34112 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: RICHARD E FURTADO

10/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MOSALLLEM, MICHAEL  
Address: 219 MEMORY LANE #2  
City-St-Zip: NAPLES, FL 34112

Title: MGRM ( ) Delete  
Name: COLTON, HELEN  
Address: 219 MEMORY LANE #2  
City-St-Zip: NAPLES, FL 34112

## 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: MICHEL MOSALLEN

MGRM

10/28/2008

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