2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000008369

Entity Name: JWR MARBLE L.C.

Address:

City-St-Zip:

9439 SAN JOSE BLVD

JACKSONVILLE, FL 32257

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
9439 SAN JOSE BLVD		9439 SAN JOSE BLVD		
64 JACKSONVILLE, FL 32257		148 JACKSONVILLE, FL 32257		
Current M	ailing Address:	New Mailing Address:	New Mailing Address:	
9439 SAN JOSE BLVD		9439 SAN JOSE BLVD		
64 JACKSONVILLE, FL 32257		148 JACKSONVILLE, FL 32257		
FEI Number:		FEI Number Not Applicable () Certificate of Status I	Desired ()	
	ce with s. 607.193(2)(b), F.S., the limited liability of Address of Current Registered Agent:	ompany did not receive the prior notice. Name and Address of New Registered Ago	ent:	
RIAL WALDEMAR, JULIO 9439 SAN JOSE BLVD		RIAL WALDEMAR, JULIO 9439 SAN JOSE BLVD	9439 SAN JOSE BĹVD	
64 JACKSONVILLE, FL 32257 US		148 JACKSONVILLE, FL 32257 US		
	named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered a	gent, or both	
SIGNATUR	RE: AR	02/18/2009		
	Electronic Signature of Registered A	gent Date		
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete RIAL WALDEMAR, JULIO 9439 SAN JOSE BLVD JACKSONVILLE, FL 32257	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	MGR () Delete COPPOLA, NELLY 9439 SAN JOSE BLVD JACKSONVILLE, FL 32257	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	MGR () Delete RIAL, ANDREA 9439 SAN JOSE BLVD JACKSONVILLE, FL 32257	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name:	MGR () Delete SORIA, ALBERTO	Title: () Change () Addition Name:		

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.

Address:

City-St-Zip:

SIGNATURE: ANDREA RIAL MGR 02/18/2009