2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
09 AUG -4 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100156131431
05/18/09--01029--007 **38.75

DOCUMENT # L07000107966

1. Entity Name
MARIEM PRODUCTIONS LLC

Principal Place of Business
1598 SANDPIPER CIRCLE
WESTON ,, FL 33327

Mailing Address
1598 SANDPIPER CIRCLE
WESTON ,, FL 33327

2. Principal Place of Business - No P.O. Box #
415 N 2nd AV #A
Suite, Apt. #, etc.

3. Mailing Address
415 N 2nd av #B
Suite, Apt. #, etc.

11142008 REIN-LLC CR2E101 (1/07)

City & State: Lakeworth, Fl
Zip: 33480 Country: USA

City & State: Lakeworth, Fl
Zip: 33480 Country: USA

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SALIBI, ROBERT M
1598 SANDPIPER CIR
WESTON, FL 33327

7. Name and Address of New Registered Agent
Name: Marianella Rodriguez
Street Address (P.O. Box Number is Not Acceptable): 415 N 2nd AV. Apt B
City: Lakeworth FL Zip Code: 33480

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $238.75
After January 1, 2009, Fee will be $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	RODRIGUEZ, MARIANELLA
STREET ADDRESS	1598 SANDPIPER CIRCLE
CITY-ST-ZIP	WESTON, FL 33327

☐ Delete

10. ADDITIONS / CHANGES

TITLE	
NAME	Robert M Salibi
STREET ADDRESS	
CITY-ST-ZIP	

☐ Change ☒ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 11/12/08-01037-005-$238.75 ☐ Change ☐ Addition

S. HAWKES
AUG 5 2009
EXAMINER

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: S. HAWKES ☐ Change ☐ Addition

REINSTATEMENT
2008/2009

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ~~MAY 28 2009~~ EXAMINER ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 05/14/09 (786) 2319777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

(561)