

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000051640

**Entity Name:** MARRA'S MARINARA LLC

**FILED**  
**Sep 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

424 HIGH TIDE DR  
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

424 HIGH TIDE DR  
ST AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARRA, VICKI LYNN  
424 HIGH TIDE DR  
ST AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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: VICKI LYNN MARRA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MARRA, VICKI LYNN  
Address: 424 HIGH TIDE DR  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGRM  
Name: MARRA, GLEN  
Address: 424 HIGH TIDE DR  
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby 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: VICKI LYNN MARRA

MGRM

09/28/2011

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