2000	UNIFOR	M BUSINI	ESS REP	ORT (UBI	R)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DOCUMENT # 12900004960									
1. Entity Name MARMORIAL MARBLE & GRANITE L.L.C.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
Mr. g Maior	MANAIOUNCE INDIDUCE & CHANAILE E.E.C.								
i'						00 FEB 14 PM 2: 23			
Principal Place of Business Mailing Address 2717 NW 29TH TERRACE 2717 NW 29TH TERRACE									
OAKLAND PAI	RK FL 33311	OAKLAND PARK FL 3331	1-2038			Marithus had sacid (dis) Baril A	din Abis Adis Bill Ails	1 (10 0:11: 00:1 100:	
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & Stat	City & State City & State					lumber	112	Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired S5.00 Additional Fee Required			Additional	
	6. Name and Address of Curren	it Registered Agent			7. Nam	e and Address of New		nieu -	
			~~~~~	Name					
	DADAGLIO, JEAN-PIERRÉ 2717 NW 29TH TERRACE			Street Address (P.O. Box Number is Not Acceptable)					
	PARK FL 33311				_				
				City FL Zip Code					
8. The above	named entity submits this statement t	for the purpose of changing its	register	ed office or reg	stered agent,	or both, in the State of F	lorida.		
OLONIATURE									
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	TE: Registere	d Agent signature rea	uired when reinstat	ng)	DATE		
	,	FILE N	OW!!!	FEE IS \$50.	00				
	,	Make Check Pa	ayable t	o Departmer	it of State				
9.	MANAGING MEMI	BERS/MEMBERS	10.		*#	ADDITIONS	S/CHANGES		
TITLE	MGRM Dadaglio, Jean-Pierre	☐ Delisto	TITU			,	Chan	ge 🗌 Addition	
NAME STREET ADDRESS	2717 NW 29TH TERRACE	•		ET ADDRESS					
CITY-ST-ZIP	OAKLAND PARK FL 33311			- 8T- ZIP	m	1 2/23/0	0	7	
TITLE NAME	MGRM SOUZA LUCIANO	☐ <i>₽06</i> 32+	, TITL Mam		0	1	☐ Chan	pe Addition	
STREET ADDRESS	2717 NW 244 Teri	lare	STRI	ET ADDRESS	•				
CITY-ST-ZIP	SOVER, LUCIANO 2717 NW 294 Teri OAKLANDBACK PL	23311		-\$T-ZIP			Chan	ge Addition	
TITLE		Delete	TITE	·		Shoons	_		
STREET ADDRESS	*	•		ET ADDRESS - ST- ZEP	*	500003 -02/28	70001021-	-012	
CITY-ST-ZIP TITLE		Defete	TITL				<u>50,00 ****</u> □ Chan		
MAME			MAM	<b>I</b>			_	_	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE .		☐ Detete	TITL		.,-		Chan	ge Addition	
NAME STREET ADDRESS			NAM STRI	EET ADDRESS					
CITY- ST- ZIP			CITY	- ST- ZIP		·			
TITLE		☐ Oede de	TITL				Chan	ye 🗌 Addition 🖁	
NAME STREET ADDRESS			MAM Stri	ET ADDRESS					
CITY- 8T- ZIP				-ST-ZIP		·			
indicated	certify that the information supplied wi	id that my signature shall have	the same	e legal effect as	s if made unde	r oath: that I am a mana	<ul> <li>I further certify that the aging member or man</li> </ul>	ne information ager of the	
limited lia	bility company or the receiver or trust	ee empowered to execute this	report as	s required by C	hapter 608, Flo	orida Statutes.			

Date

Daytime Phone #