	PLEASE	READ ALL INST	RUCTIONS BEFORE	COMPLETIN	GFTIHIS FORM.		
	TED LIABILITY COMPANY NSTATEMENT		DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS		TARY OF STATE OF CORPORATIONS	-	
1. Limited	UMENT # M0200 I Liability Company's Name TAGE MARLEY, L.L.(			3D( 11/07/0	002451620 <sup>1301072018</sup> *	)3 *150.00	
2. Principal Office Address 3. Mailing (			Office Address				
233 12TH STREET 233 12'			TH STREET	4. State/Country of Formation			
Suite, Apt. #, etc. Suite, Apt. #			etc.	DELAWARE 5. Date Organized or Qualified			
			To Do Business in Florida				
		City & State			6. FEI Number Applied For		
MIAM Zip	I, FLORIDA Country	MIAMI, Zip	FLORIDA Country	82-0575037	ł	Not Applicable	
33139	US	33139	US	CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status			
Signature o Registered	Suite, Apt. #, Etc. City FORT LAUDERDA g appointed the registered agent Agent	Number is Not Acceptable) S CREEK ROAD, SU LE Int of the above named limite REGISTERED AG	d liability company, am familiar with and	accept the obligations	tate Zip Code 3 3 3 0 9 of Chapter 608, F.S. Date 11/05/03	CR2E041 (10/02)	
· · · · · · · · · · · · · · · · · · ·	es and Street Addresses of Ma	· · · · · · · · · · · · · · · · · · ·	Street Address of Eac				
Titles	Managing Members/Managers		Managing Member/Manager		City / State / Zip		
MGR	ROBERT MARLEY		233 12TH STREET	MI	AMI, FLORIDA 33139		
	· ·						
					a		
filing th all fees as if m Signature of Managing M	his reinstatement application the s owed by the limited liability co- hade under oath. f Member/Manager	e reason for dissolution has a mpany have been paid. The		any name satisfies the ls true and accurate, a	requirements of section 608,406	<ol> <li>F.S., and that ame legal effect</li> </ol>	
Typed or pri	inted name of signing Managir	ng Member/Manager ROBI	ERT MARLEY, MANAGING ME	MBER		*	