


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2017 JAN -5 AM 9:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000141404

1 Limited Liability Company's Name
BK AUDIO PRODUCTION LLC

2 Principal Office Address - No P.O. Box #
3200 FAIRLANE FARM ROAD
Suite, Apt. #, etc.

3 Mailing Office Address
SIREN BUSINESS MGMT LLC
Suite, Apt. #, etc.
141 N. HAMILTON DRIVE #C

City & State
WELLINGTON, FL

City & State
BEVERLY HILLS, CA

Zip Country
33414 USA

Zip Country
90211 USA

4 Name and Address of Current Registered Agent
Name
BRYAN J. KUZNITZ
Street Address (P.O. Box Number is not Acceptable) Suite

City & State
3200 FAIRLANE FARM ROAD
City
WELLINGTON

State Zip Code
FL 33414

CR20041 (MHA)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
AUGUST 18, 2015

6. FFI Number Applied for Not Applicable

7. CERTIFICATE OF STATUS DESIRED Additional Information required for a certificate of status

200293978232
01/06/17--01004--013 **138.75

200293978232
01/06/17--01002--015 **238.75

9 I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Duration of Registered Agent *Perpetual* Date *1/4/17*
REGISTERED AGENT MUST SIGN

10 Name and Street Address of Authorized Representative/Manager

Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	BRYAN J. KUZNITZ	3200 FAIRLANE FARM ROAD	WELLINGTON, FL 33414
REINSTATEMENT			
			JAN 05 2017
			R. HUNT

11 E-mail Address: LARASIREN24@GMAIL.COM

12 I certify that I am an authorized representative/manager or the trustee or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.135, F.S.

Signature of authorized representative/member */s/LARA BUCHOLTZ* 1/03/2017 310-595-0604
Typed or printed name of signing authorized representative/member *Lara Bucholtz*