

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 24 AM 10:24

DOCUMENT # L04000077257 1. Entity Name GA AUDIO LLC					
Principal Place of Business 1551 NW 32 AVE MIAMI, FL 33125			Mailing Address 1551 NW 32 AVE MIAMI, FL 33125		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 80-1118495	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, GUIDO A 1551 NW 32 AVE MIAMI, FL 33125				7. Name and Address of New Registered Agent Name ISAAC MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 4350 FOUNTAIN BLEAU BLVD #C-314 City MIAMI FL Zip Code 33172	
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 <i>Guido A. Rodriguez</i> DATE 01/13/06 Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM RODRIGUEZ, GUIDO A ☐ Delete 1551 NW 32 AVE. MIAMI, FL 33125		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition 300065187473 02/06/06--01004--016 **200.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ☒ Delete PINERA, ANDRES 1350 WEST 48 STREET APT 118 HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ☐ Delete ISAAC MARTINEZ 4350 FOUNTAIN BLEAU BLVD #C-314 Miami, FL 33172		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition 05-06	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ 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: <i>Guido A. Rodriguez</i>			(786) 01/13/06 232-5441		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		