

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000107085

**Entity Name:** GOOD VYBES ENTERTAINMENT LLC

**Current Principal Place of Business:**

2100 PONCE DE LEON BLVD  
SUITE 1045  
CORAL GABLES, FL 33134

**Current Mailing Address:**

6742 FOREST HILL BLVD  
#343  
WEST PALM BEACH, FL 33413 US

**FEI Number:** 81-2909886

**Certificate of Status Desired:** No

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

MARTINEZ, ANGELA  
2100 PONCE DE LEON BLVD  
SUITE 1045  
CORAL GABLES, FL 33134 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name NEW VISION MANAGEMENT LLC  
Address 2100 PONCE DE LEON BLVD SUITE 1045  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name HUMBLE SUCCESS ENTERTAINMENT LLC  
Address 2100 PONCE DE LEON BLVD SUITE 1045  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name BLUE COLLAR MUSIC, LLC  
Address 104 NW 9TH TERRACE SUITE 201  
City-State-Zip: HALLANDALE FL 33009

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RONIE LOUIJENE

**MGR**

**04/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date