LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000001	4007			FILED		
LA MUSICA_ENTERTAINMENT LLC				02 JUN 10 AM 10: 32		
DO NOT WOLTE IN THIS STATE			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DO NOT WRITE IN THIS SPACE				TALEMINIO		
Principal Place of Business 3. Mailing Address						
3001 SW 3rd Avenue C/o Nicole J. Huesmann, Suite, Apt. #, etc.			smann, PA	DO NOT WOLLD IN THE	20.05	
3001 SW 3rd 2		Aven	ue	DO NOT WRITE IN THIS SPACE		
City & State Miami, Florida	ni, Florida Miami, Florid			4. FEI Number 65–1055216	Applied For Not Applicable	
Zip Country 33129 USA	Zip 33129	Country USA		5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	33123			7. Name and Address of Current Registere		
DO NOT WRITE			Juan Esteban Rodriquez Street Address (P.O. Box Number is Not Acceptable)			
50			c/o Nicol	cole J. Huesmann, P.A.		
				rd Avenue		
		• • • •	City Miami	FL	- 33129	
8. The above ramed entity subports this statement	for the purpose of changing its	register	ed office or registere	ed agent, or both, in the State of Florida.		
SIGNATURE Signature, typed or printed name of registered age	ent and title if applicable.			DATE		
FEE IS \$50,00						
~			o Department of MAY: 1	State		
9. MANAGING MEMI	BERS/MANAGERS	75/5		(1 - + / _B)		
Manager					701)	
street address 1825 Ponce de Leon Blvd., #385			TITLE NAME STREET ADDRESS:			
COTAL Gables, FL	33134	1-	ST ZIP	-06/10/02(****100.00	J1U13−−U2U (ສ ******50.00 (ສິ	
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TITLE		TITLE				
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CITY-ST-ZIP		-	ST-ZIP	DO NOT WRI		
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TITLE		· TITLE				
NAME STREET ADDRESS		NAME	T ADDRESS	na l	1	
CITY-ST-ZIP TITLE		CITY-	ST-ZIP	清山		
NAME						
STREET ADDRESS CITY-ST-ZIP		STREET CITY - S	ADDRESS ST-ZIP			
11. I hereby certify that the information supplied wit indicated on this report is true and accurate and	h this filing does not qualify for t	ne exem	ption stated in Sect	ion 119.07(3)(i). Florida Statutes. I further certi	fy that the information	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Juan Esteban Rodriguez, Manager 4/10/0/ 305-719-657-						
SIGNATURE AND TYPED ON PRINTED NAME OF	OF SIGNING MANAGING MEMBER, MANA	GER, OR A	UTHORIZED REPRESENT.	Manager (0/02 Day	time Phone #	