

L01000009891

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DOCUMENT # L01000009891

1. Entity Name

24/7 RECORDS LLC

REINSTATEMENT

Principal Place of Business

Mailing Address

1283 NW 163RD TERRACE
PEMBROKE PINES FL 330281283 NW 163RD TERRACE
PEMBROKE PINES FL 33028

FILED

03 MAR -7 AM 8:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3/1 2002-2003 DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACE, LOUIS
1283 NW 163RD TERRACE
PEMBROKE PINES FL 33028

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **President**
STREET ADDRESS **LOUIS PACE**
CITY-ST-ZIP **1283 NW 163 TERRACE**
PEMBROKE PINES FL 33028TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **300013691953**
03/07/03--01041--024 **200.00TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **LOUIS PACE** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/3/03

Date

954-438-5794

Daytime Phone #

CR2E083 (4/02)