

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000051417

1. Entity Name  
FIREPROOF MUSIC, LLC



Principal Place of Business

2627 IVES DAIRY ROAD  
SUITE 201  
NORTH MIAMI BEACH, FL 33180 US

Mailing Address

2627 IVES DAIRY ROAD  
SUITE 201  
NORTH MIAMI BEACH, FL 33180 US



01052005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-1078512

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN, RICHARD  
2627 IVES DAIRY ROAD  
SUITE 201  
NORTH MIAMI BEACH, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

000000222562  
02/10/05-80005-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GREEN, RICHARD  
2627 IVES DAIRY ROAD, SUITE 201  
NORTH MIAMI BEACH, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
GREEN, MEG  
2627 IVES DAIRY ROAD, SUITE 201  
NORTH MIAMI BEACH, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

2/7/05

305-935-3003