

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000064249

1. Entity Name
FRESH BAKED RECORDS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 10 AM 10:32

Principal Place of Business
2500 WINDING CREEK BLVD
STE. D101
CLEARWATER, FL 33761 US

Mailing Address
2500 WINDING CREEK BLVD
STE. D101
CLEARWATER, FL 33761 US

2. Principal Place of Business
3376 LANDING CT
Suite, Apt. #, etc.
Palm Harbor FL

3. Mailing Address
P.O. Box 306
Suite, Apt. #, etc.

01062006 REIN-LLC CR2E101 (11/05)

City & State
FL
Zip
34684
Country
USA

City & State
TARLTON SPRINGS, FL
Zip
34688
Country
USA

4. FEI Number
841672841
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ANDREASEN, SCOTT
2500 WINDING CREEK BLVD
STE. D101
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent
Name
SCOTT ANDREASEN
Street Address (P.O. Box Number is Not Acceptable)
3376 LANDING CT
City
PALM HARBOR FL FL Zip Code
34684

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 (NOTE: Registered Agent signature required when reinstating) DATE 1/6/06

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDREASEN, SCOTT 2500 WINDING CREEK BLVD STE. D101 CLEARWATER, FL 33761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500063960925 01/18/06--01039--013 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05-06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

1/6/06