

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000032200

**FILED**  
**Sep 29, 2006**  
**Secretary of State**

**Entity Name:** STREET RUCKUS ENTERTAINMENT,LC

**Current Principal Place of Business:**

P.O. BOX 880304  
PORT ST LUCIE, FL 34988-030

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 880304  
PORT ST LUCIE, FL 34988-030

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SEIRJM, WILLIAMS T  
415 SW MIMOSA COVE  
PORT SAINT LUCIE, FL 34986 US

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

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: SEIRJM WILLIAMS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILLIAMS, SEIRJM T  
Address: 415 SW MIMOSA COVE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: MGRM ( ) Delete  
Name: CRUZ, ARNALDO J  
Address: 1961 SW CERTOSA RD  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SEIRJM WILLIAMS

MGR

09/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date