

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90031 007 ****50.00

DOCUMENT # L05000057490

1. Entity Name
BUFFALO SOLDIER RECORDS, LLC



Principal Place of Business
**403 SW 74TH AVENUE
NORTH LAUDERDALE, FL 33068**

Mailing Address
**5200 NW 33RD AVE STE 218
FT. LAUDERDALE, FL 33309**

60035444



2. Principal Place of Business

3. Mailing Address

10 ROBERT MYERS, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 490932

01072006 Chg-LLC CR2E083 (11/05)

City & State

City & State

FT. LAUDERDALE, FL

4. FEI Number

41-2080825

Applied For

Not Applicable

Zip

Country

Zip

Country

33349

US

5. 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

**MYERS, ROBERT
5200 NW 33RD AVE STE 218
FT. LAUDERDALE, FL 33309**

Name

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

5200 NW 33RD AVE STE 214

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **RUSSELL, CHRISTOPHER**
CITY-ST-ZIP **403 SW 74TH AVENUE
NORTH LAUDERDALE, FL 33068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **CHUNG, STEVEN**
CITY-ST-ZIP **5427 NW 122ND DRIVE
CORAL GABLES, FL 3307**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

4-21-06 454 483-6577