

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000109601

1. Entity Name
4M RECORDS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10:09

Principal Place of Business
~~3621 S.W. 13TH STREET~~
MIAMI, FL 33145

Mailing Address
3621 S.W. 13TH STREET
MIAMI, FL 33145

2. Principal Place of Business
1825 Ponce de Leon Blvd.

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.
No. 238

City & State
Coral Gables

City & State
FL

Zip
33134

Country
U.S.A.

Zip

Country



10162006 REIN-LLC CR2E101 (11/05)

4. FEI Number
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANDRA, HOYOS ESQ.
44 WEST FLAGLER STREET
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1825 Ponce de Leon Blvd.
No. 238
City
Coral Gables FL Zip Code
33134

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 DATE 10.14.06
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MARIO, MEJIA
STREET ADDRESS 1825 Ponce de Leon Blvd. #238
CITY-ST-ZIP MIAMI, FL 33145 Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400081088014
CITY-ST-ZIP 10/23/06--01003--015 **\$50.00

TITLE MGR ☐ Delete
NAME SANDRA, HOYOS
STREET ADDRESS 1825 Ponce de Leon Blvd.
CITY-ST-ZIP 44 WEST FLAGLER STREET #238
MIAMI, FL 33131 Coral Gables, FL 33134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: DATE 10.14.06 3/934.0783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE