

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000007048

1. Entity Name
DEAD BROKE RECORDS, LLC



FILED

08 SEP -3 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2060 CONTINENTAL AVENUE #124
TALLAHASSEE, FL 32304

Mailing Address
2060 CONTINENTAL AVENUE #124
TALLAHASSEE, FL 32304



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

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

09032008 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

HIGGINBOTHAM, EDGAR J II
2060 CONTINENTAL AVENUE #124
TALLAHASSEE, FL 32304

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

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
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
HIGGINBOTHAM, EDGAR J II
2060 CONTINENTAL AVENUE #124
TALLAHASSEE, FL 32304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition
600135370916
09/04/08--01034--010 **143.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
CUMMINGS, JAMES J
2060 CONTINENTAL AVENUE #124
TALLAHASSEE, FL 32304 ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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☐ Change ☐ 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:

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

Date

Daytime Phone #

09/03/08 (850) 980-2818
(850) 345-8675