

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000051523

**FILED**  
**Nov 02, 2010**  
**Secretary of State**

**Entity Name:** GET LOW RECORDS, LLC

**Current Principal Place of Business:**

307 LAKEVIEW DRIVE, APT. 103  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

307 LAKEVIEW DRIVE, APT. 103  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 66-0678592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOTO, CAMILLE MARIE  
307 LAKEVIEW DRIVE, APT. 103  
WESTON, FL 33326 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:** CAMILLE SOTO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SOTO, CAMILLE MARIE  
**Address:** 307 LAKEVIEW DRIVE, APT. 103  
**City-St-Zip:** WESTON, FL 33326

**Title:** MGRM  
**Name:** MENDOZA, ALBERTO  
**Address:** 307 LAKEVIEW DRIVE, APT. 103  
**City-St-Zip:** WESTON, FL 33326

I hereby 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:** CAMILLE SOTO

MGR

11/02/2010

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