

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000068682

Entity Name: ETHEREAL MUZIK, LLC

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

668 GAINES STREET NW  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

668 GAINES STREET NW  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

FEI Number: 26-0456173

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BISHOP, BRETT  
668 GAINES STREET NW  
PORT CHARLOTTE, FL 33952 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BISHOP, BRETT  
Address: 668 GAINES STREET NW  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM  
Name: ROUSLIN, NATE  
Address: 3915 DAYBRIDGE PLACE  
City-St-Zip: ELLENTON, FL 34222 US

Title: MGRM  
Name: JENKINS, SAMUEL  
Address: 4525 DABNEY STREET  
City-St-Zip: NORTH PORT, FL 34288 US

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: BRETT BISHOP

MGRM

04/06/2010

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