

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025445

Entity Name: LEONE MUSIC, LLC.

FILED  
Mar 25, 2009  
Secretary of State

**Current Principal Place of Business:**

217 SW AKRON AVENUE  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

217 SW AKRON AVENUE  
STUART, FL 34994

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

BRENT, TERRELL B JR  
217 SW AKRON AVENUE  
STUART, FL 34994 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 ( ) Delete  
Name: BRENT, TERRELL B JR  
Address: 217 SW AKRON AVENUE  
City-St-Zip: STUART, FL 34994

Title: MGRM ( ) Delete  
Name: STEAKIN, WILLIAM T JR  
Address: 943 SE BREAKWATER AVE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: MGR ( ) Delete  
Name: SMITH, DANNY  
Address: 217 SW AKRON AVENUE  
City-St-Zip: STUART, FL 34994

Title: MGR ( ) Delete  
Name: YOUNGER, TERRY  
Address: 217 SW AKRON AVENUE  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: SERRAGO, BOBBY  
Address: 217 SW AKRON AVENUE  
City-St-Zip: STUART, FL 34994

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TERRY BRENT

MGRM

03/25/2009

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