

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 DEC 31 AM 11:16

CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # **L08000105666**

1. Limited Liability Company's Name

TRACK 10 RECORDS LLC

2. Principal Office Address - No P.O. Box #

6404 Merriewood Dr
Suite, Apt. #, etc.

3. Mailing Office Address

6404 Merriewood Dr
Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32818

Country

USA

Zip

32818

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11-12-2008

6. FEI Number

32-0266553

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DACOUR-DAVE B HOWELL

Street Address (P.O. Box Number is Not Acceptable)

6404 Merrie Wood Dr.

Suite, Apt. #, Etc.

City

ORLANDO FL

State

FL

Zip Code

32818

E-mail Address:

300243167023

12/31/12--01031--006 **238.75

team10records@yahoo.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent ☒

Date **12/27/12**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DACOUR-DAVE B. Howell	6404 Merriewood dr	Orlando FL 32818
MGR	ELSA PHILLIPS	6404 Merriewood dr	ORLANDO FL 32818

DEC 31 2012

S. PRATHER

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date **12/27/12**

Daytime Phone # **407 914 1360**

Typed or printed name of signing Managing Member/Manager

ELSA PHILLIPS