
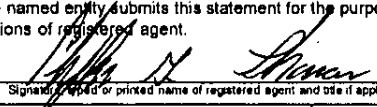
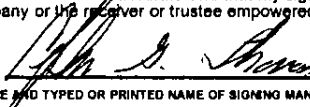


# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED  
AND  
FILED

13 OCT -4 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L09000078898</b> 1. Entity Name ASHYBREEZE MUSIC LLC					
Principal Place of Business 5642 LUNKER LANE TALLAHASSEE, FL 32303			Mailing Address 5642 LUNKER LANE TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 80-0734740	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  THOMAS, LOCKSLEY L 5642 LUNKER LANE TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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					
<b>FILE NOW!!! FEE IS \$238.75</b> <b>After January 1, 2014, Fee will be \$377.50</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM THOMAS, LOCKSLEY L 5642 LUNKER LANE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM THOMAS, CHRISTOPHER 5642 LUNKER LANE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GRIFFIN, KEITH 5642 LUNKER LANE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
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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:  3 Sep 13 drumthomas@yahoo.com					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS					



10042013 REIN-LLC CR2E101 (12/11)

4. FEI Number  
80-0734740  
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

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.

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