

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

16 SEP 27 PM 9:42

DOCUMENT # L15000024145

1. Limited Liability Company's Name

JAFFIRDS MUSIC CIA LLC

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

6624 SW 1ST COURT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

Zip

33023

Country

US

Zip

Country

8. Name and Address of Current Registered Agent

Name

SIERRA, JAFFIRD

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

6624 SW 1ST COURT

Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33023

9. I, being appointed,

limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent representative/member

JAFFIRD SIERRA

REGISTERED AGENT MUST SIGN

Date

09/23/16

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/Managers | Street Address of Each Authorized Representative/Manager | City / State / Zip       |
|--------|---|--|--------------------------|
| AMBR   | SIERRA, JAFFIRD                             | 6624 SW 1ST COURT  | PEMBROKE PINES, FL 33023 |
|        |   |  |                          |
|        |   |  |                          |
|        |   |  |                          |
|        |   |  |                          |
|        |   |  |                          |
|        |   |  |                          |
|        |   |  | SEP 27 2015              |

11. E-mail Address: jaffirds@yahoo.com

M. WILLIAMS

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date

09/23/16

Daytime Phone #

754-217-8668

Typed or printed name of signing authorized representative/member

JAFFIRD SIERRA