PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1.	Limited Liability Company's Name							

BangBang Recording LLC

Allahadse, Tourist													
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City & State Tallahassee , FL Zip 32304					etc.				5. Date Organized or Qualified #				
Support State Signature State Signature Si			e. FL	1 '	thass	te	, FL		6 FEI Numb	er .	1112	Арр	lied For
8. Name and Address of Current Registered Agent Name Toyred + Vadillo UP Steel Address (P.O. Box Number is Nrd Acceptable) Suite. 10/04/16-01003-023 *** Apr. 8, fix. By 20 Cods FL 331/18 9. I. being appointed the registered agent of the above named limited liability company am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent Xerial Addresses of Authorized Representative Yerial Authorized Representative Yerial Addresses of Authorized Representative Yerial Representative Yerial Authorized Representative Yerial Representative Yeri	Zip		Country	Zip	1		untry				\$5.00 Add	ditronal Fee	required
Signature of Registered Agent Authorized Representatives/ Managers Titles Authorized Representatives/ Managers Name of Authorized Representatives/ Managers 11. E-mail Address Corporations at toxics of State			· · · · · · · · · · · · · · · · · · ·	ss of Current Reg	istered Age	nt							
Apt. #, Etc 202 City Doral FL 33178 9. I, being appointed the registered agent of the above named limited liability company am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent Registered Registe		orres	+ Vadillo	LLP				,					
State 335T18 9. It being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Authorized Representatives/Managers Name Authorized Representatives/ Authorized Representatives/ Managers Name Authorized Representatives/ Authorized Representatives/ Managers HCR Elise Gonzalcz 2353 Muston Ra, C2 Kinjahastice, FL 33 11. E-mail Address Corporations & torrestvadillollp.com (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 furthecently, that when filling this reinstatement application the reason for dissolution has been eliminated the limited liability company name satisfies the requirement of section 505.0012, F.S., and that all fees owed by the intended liability company have been paid. The information indication is true and accurate, and my signatus 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 fellony as provided for in a 171 55, F.S. Signature of authorized representative/member	1140 Apt. #, E	2 N							10/	04/1601	0919 00302	9551 3 **23	38.75
9. I, being appointed the registered agent of the above named limited liability company am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Authorized Representatives/Managers Titles Name of Authorized Representatives/ Authorized Representatives/ Managers Managers MER Elise Gonzalez 11, E-mail Address: Corporations at twee of the following and address of Each Authorized Representatives/ Managers 11, E-mail address: Corporations at twee of the following and address: Corporations at the following and address: Corporations at the following and address: Corporations are continued and address: Corporations at the following and address: Corporations are continued and address: Corporations and address: Corporations are continued and address: Corporations and ad	City	•					33178						
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High Elise Gonzalca 2353 Mission Pd, C2 Failanasce, FL 33 11. E-mail Address: Corporations at torrestradillol p.com (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 furthe certify that when filling 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 signatus 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 Date Daytime Phone # 3055—485—9		Name of Street Address of Each Authorized Representatives/ Authorized Representatives/					sontative				e / Zip		
11. E-mail Address: Corporations a torresvadilolp.com (Tobe 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 furthe certify that when filling 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 Date Date Date Date Date Date Description as provided for in Chapter 605, F.S. I furthe certify that when filling this reinstatement application as provided for in Chapter 605, F.S. I furthe certify that when filling this reinstatement application as provided for in Chapter 605, F.S. I furthe certify that when filling this reinstatement application as provided for in Chapter 605, F.S. I furthe certify that I am an authorized representative/member and accurate and my signature of authorized representative/member Date Dat	MGR	Elise	·	2	235?)			, (2	Tallaha	uce, t	FL 32	304
(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 filling 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 Date									REIN	STAT	EM	EN;	<i>P</i>
felony as provided for in s 817 155, F S. Signature of authorized representative/member Date 9210 Daytime Phone # 305-485-9	12 I certif certify that 605.0012,	fy that I am an it when filing th , F.S., and tha	authorized representative ils reinstatement applicati t all fees owed by the limit	e/ manager or the i on the reason for d ted liability compar	(To be used receiver or tradissolution had no have been	for futur estee d as been paid.	re annual report no empowered to e. n eliminated, the The information	otification execute e limited e indicat	this application this application t liability compa ed on this appli	ny name satisfies cation is true and a	the requirement accurate, and	ent of section my signature	
Typed or printed name of signing authorized representative/member	felony as p Signature	provided for in	s 817 155, F.S.	>>			Date	a docum				•	109