

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 OCT -4 AM 10:07

DOCUMENT # **L15000185260**

1. Limited Liability Company's Name

**BangBang Recording LLC**

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

**2353 Mission Rd**

Suite Apt. #, etc.

**C2**

City & State

**Tallahassee, FL**

Zip

**32304**

Country

**US**

3. Mailing Office Address

**2353 Mission Rd**

Suite Apt. #, etc.

**C2**

City & State

**Tallahassee, FL**

Zip

**32304**

Country

**US**

CR2E041 (1/14)

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified To Do Business in Florida

**11/2/15**

6. FEI Number

**81-0814717**

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

**Torres & Vadillo LLP**

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

**11402 NW 41 Street**

Apt. #, Etc.

**202**

City

**Doral**

State

**FL**

Zip Code

**33178**

**100290919551**  
**10/04/16--01003--023 \*\*238.75**

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

**X**

Date **9/27/16**

REGISTERED AGENT MUST SIGN

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
<b>MEM</b>	<b>Elise Gonzalez</b>	<b>2353 Mission Rd, C2</b>	<b>Tallahassee, FL 32304</b>

**REINSTATEMENT**

11. E-mail Address: **corporations@torresvadillollp.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 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

**M**

Date

**9/27/16**

Daytime Phone #

**305-485-9709**

Typed or printed name of signing authorized representative/member

**Michelle Gonzalez**