

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L98000000677**

1. Entity Name

GATOR RECORDS L.L.C.**APPROVED
AND
FILED****00 MAY 12 AM 11:04****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**C/O KURT WIPFLI
11077 BISCAYNE BLVD. #100
MIAMI FL 33161**

Mailing Address

**C/O KURT WIPFLI
11077 BISCAYNE BLVD. #100
MIAMI FL 33161-7419**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

22-3588848

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIPFLI, KURT
11077 BISCAYNE BLVD. #100
MIAMI FL 33161**

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

Post Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	MGRM	☐ Delete
NAME	WIPFLI, KURT	
STREET ADDRESS	11077 BISCAYNE BLVD., #100	
CITY- ST- ZIP	MIAMI FL 33161	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	Member	☐ Delete
NAME	Hans Muench	
STREET ADDRESS	10325 NW 63rd Drive	
CITY- ST- ZIP	Parkland, FL 33076	

TITLE		☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 60B, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Optional Fee Code