

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000004903

**FILED**  
**May 15, 2014**  
**Secretary of State**

**Entity Name:** DISCRETION ENTERTAINMENT LLC

**Current Principal Place of Business:**

8193 112TH TERRACE N.  
WEST PALM BEACH, FL 33412

**New Principal Place of Business:**

**Current Mailing Address:**

8193 112TH TERRACE N.  
WEST PALM BEACH, FL 33412

**New Mailing Address:**

**FEI Number:** 94-3380434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLAPP, DAVIS  
8193 112TH TERRACE N.  
WEST PALM BEACH, FL 33412 US

**Name and Address of New Registered Agent:**

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:** DAVIS CLAPP

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** CLAPP, DAVIS  
**Address:** 8193 112TH TERRACE N.  
**City-St-Zip:** WEST PALM BEACH, FL 33412

**Title:** MGR  
**Name:** CLAPP, JAMES N II  
**Address:** 1003 LAKE STREET S. #202  
**City-St-Zip:** KIRKLAND, WA 98033

**Title:** MGR  
**Name:** STERLING, DAVID  
**Address:** 2219 SECOND AVE, SUITE 610  
**City-St-Zip:** SEATTLE, WA 98121

**Title:** MGR  
**Name:** CLAPP, BEA M  
**Address:** 8193 112TH TERRACE NORTH  
**City-St-Zip:** WEST PALM BEACH, FL 33412

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** BEA CLAPP

MGR

05/15/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date