

L11000109674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

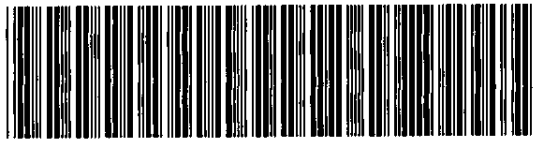
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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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EXAMINER

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASSOCIATED ARTIST MANAGEMENT LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WARREN DESJARDINS  
Name of Person

ASSOCIATED ARTIST MANAGEMENT  
Firm/Company

4329 SKYLINE BLVD.  
Address

CAPE CORAL, FL. 33914  
City/State and Zip Code

4329 SKYLINE BLVD CAPE CORAL FL. 33914  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WARREN DESJARDINS at (239) 333-6334  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WILLIARD F. KNUZSON	SE 3026 15 <sup>TH</sup> PL CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	WARREN E DESJARDINS	4329 SKYLINE BLVD CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 3-26-2012

Warren Desjardins  
Signature of a member or authorized representative of a member

WARREN DESJARDINS  
Typed or printed name of signee