

LO50000 68190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

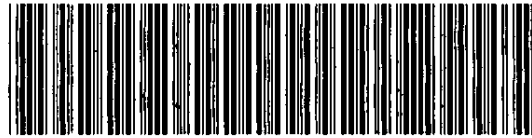
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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M. THOMAS

AUG 11 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AEQUICAP PRODUCTIONS, 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:

Michael A. Goldstein  
(Name of Person)

AEQUICAP PRODUCTIONS, LLC  
(Firm/Company)

3000 West Cypress Creek Road  
(Address)

Fort Lauderdale, FL 33076  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael Goldstein at ( 954 ) 493 6565 ext 340  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## Page 1 of 2

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         | AEQUICAP SERVICES GROUF | 3000 WEST CYPRESS CREEK RD<br>FORT LAUDERDALE FL 33324 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | Philip E. Morgaman      | 3000 WEST CYPRESS CREEK RD<br>FORT LAUDERDALE FL 33324 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                         |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

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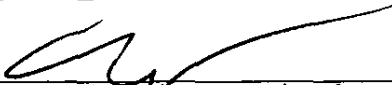


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Dated August 6, 2008

  
 Signature of a member or authorized representative of a member  
 Philip E. Morgaman  
 Typed or printed name of signee