

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L08000027454

1. Entity Name
CONCERT CHICK PRODUCTIONS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 13 PM 12:13

Principal Place of Business
111 EAST TARPON LANE
SUITE 200
JUPITER, FL 33477 US

Mailing Address
111 EAST TARPON LANE
SUITE 200
JUPITER, FL 33477 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 504

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Beach, FL

Zip

Country

Zip

Country

33480 USA

01032009 Chg-LLC CR2E083 (11/08)

4. FEI Number

26-2348883

Applied For

Not Applicable

5. Certificate of Status Desired

n/a

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NIEMAN, DENISE M
111 EAST TARPON LANE
SUITE 200
JUPITER, FL 33477

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

n/a

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2009 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME NIEMAN, DENISE M
STREET ADDRESS 111 EAST TARPON LANE
CITY-ST-ZIP JUPITER, FL 33477 ☐ Delete

TITLE MGRM
NAME NIEMAN, JOSEPH C
STREET ADDRESS 111 EAST TARPON LANE
CITY-ST-ZIP JUPITER, FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800140189258
01/09/09--01038--021 ***138.75

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: DM Nieman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/3/09 561.891.1381