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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

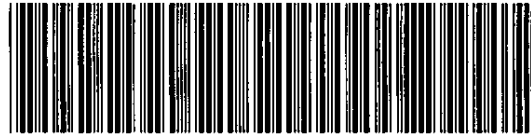
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL - 6 PM 3:56

T. HAMPTON

JUL - 7 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMR Event Marketing, 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:

Deanna Matyk Rivera
Name of Person
DMR Event Marketing LLC
Firm/Company
c/o
2129 Cape Heather Circle
Address
Cape Coral, FL 33991
City/State and Zip Code
dmrevents@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanna Matyk Rivera at 407. 782. 8036
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

DMR EVENT MARKETING, LLC

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>
MGR	William F. Rivera	6543 Lake Carlisle Blvd Orlando, FL 32829	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL - 6 PM 3:56

Dated _____

Deanna Matyk Rivera

Signature of a member or authorized representative of a member

Deanna Matyk Rivera

Typed or printed name of signee