

L10000009073

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(Address)

(Address)

(City/State/Zip/Phone #)

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MAY - 6 2010

EXAMINER



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05/04/10--01040--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY - 5 PM 1:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXTREME CHAOS ENTERTAINMENT GROUP 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:

ANDRE DIXON

Name of Person

EXTREME CHAOS ENTERTAINMENT GROUP

Firm/Company

4760 W ATLANTIC BLVD SUITE 204

Address

COCONUT CREEK

City/State and Zip Code

FLORIDA 33063

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRE DIXON

Name of Person

at (954)

657-1640

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

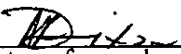
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ANDRE DIXON	4760 W. ATLANTIC BLVD SUITE 204 COCONUT CREEK FLORIDA 33063	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MICHELLE DENNIS	4760 W. ATLANTIC BLVD SUITE 204 COCONUT CREEK FLORIDA 33063	<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 05/01/10, 2010


Signature of a member or authorized representative of a member

ANDRE DIXON
Typed or printed name of signee