

L12000040460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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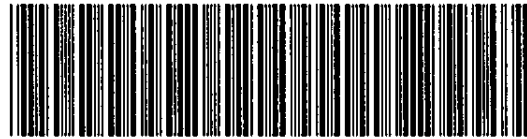
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 22 2013

J. BRYAN

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Compound Asset Managment 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:

Brian A Madrigal

Name of Person

Compound Asset Management LLC

Firm/Company

101 NE 3d Avenue Suite 1500

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

bmad1179@gmail.com

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

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For further information concerning this matter, please call:

Brian A Madrigal

Name of Person

954 332-3751

at ()

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

Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated January 14th, 2013.

Brian A. Madrigal

Signature of a member or authorized representative of a member

Brian A. Madrigal

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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