



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EMMANUEL K. A DANSO & ASSOCIATES 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:

**EMMANUEL DANSO**  
Name of Person

Firm/Company

**1267 NW 165TH AVENUE**  
Address

**PEMBROKE PINES, FLORIDA 33028**  
City/State and Zip Code

**edanso@aol.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**EMMANUEL DANSO** at ( **305** ) **984-4511**  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2018

EMMANUEL DANSO  
1267 NW 165TH AVE  
PEMBROKE PINES, FL 33028

SUBJECT: EMMANUEL K. A. DANSO & ASSOCIATES LLC  
Ref. Number: L18000052393

We have received your document for EMMANUEL K. A. DANSO & ASSOCIATES LLC and check(s) totaling \$20.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 118A00004860

RECEIVED

2018 MAR 29 PM 12:40

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2018 MAR 29 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA  
 2018 APR 29 PM 3:19  
 FILED

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

Multiple horizontal lines for amending information.

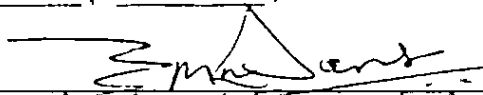
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated MARCH 5, 2018



Signature of a member or authorized representative of a member

**EMMANUEL DANSO**

Typed or printed name of signee

FILED  
2018 MAR 29 PM 3:17  
STATE DEPT OF STATE  
TALLAHASSEE FLORIDA