

L08000 117800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

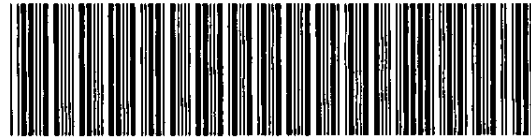
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. BUTLER

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13 AUG 29 PM 2:37

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **RAAL 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:

Audrey Gibson

Name of Person

RAAL Group, LLC

Firm/Company

1038-5 Dunn Ave #46

Address

Jacksonville, FL 32218

City/State and Zip Code

raalgroupllc@att.net

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

For further information concerning this matter, please call:

Audrey Gibson

Name of Person

at (**904**) **632-2424**

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

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RAAL Group, LLC

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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:

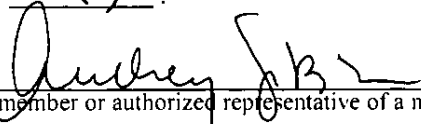
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Amar Madyun	1038-5 Dunn Ave #46	<input type="checkbox"/> Add
		Jacksonville, FI 32218	<input checked="" type="checkbox"/> Remove
MGRM	Jamaal Madyun	1038-5 Dunn Ave #46	<input type="checkbox"/> Add
		Jacksonville, FI 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated 8/22, 2013.



Signature of a member or authorized representative of a member

Audrey Gibson

Typed or printed name of signee

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Filing Fee: \$25.00

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