

SEP-02-2011 11:29

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AIT PLUS CONSULTING
Account Number : I20080000061
Phone : (407) 582-9830
Fax Number : (407) 582-9832

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SEVEN CONTRACTORS, LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

D. BRUCE

SEP 06 2011

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Corporate Filing Menu

Help **EXAMINER**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEVEN CONTRACTORS, 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:

MARIA PINHEIRO

Name of Person

AIT PLUS CONSULTING, LLC

Firm/Company

8421 S ORANGE BLOSSOM TRAIL # 109

Address

ORLANDO, FL 32809

City/State and Zip Code

maria@aitplus.com

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

For further information concerning this matter, please call:

MARIA PINHEIRO

Name of Person

at (407)

582-9830

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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TALLAHASSEE, FLORIDA

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	ARLINDO FERREIRA	7750 JAFFA CT ORLANDO, FL 32835	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	HECTOR G MARTINEZ	7750 JAFFA CT ORLANDO, FL 32835	<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 SEPTEMBER, 02, 2011

Signature of a member or authorized representative of a member

EMERSON BRAMBILLA

Typed or printed name of signee

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