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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

AUG 12 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLIED BIOMEDICAL INSTITUTE INTERNATIONAL, 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:

ALEX DE LA CRUZ

Name of Person

ALLIED BIOMEDICAL RESEARCH INSTITUTE INTERNATIONAL

Firm/Company

9500 S. DADELAND BLVD. SUITE 801

Address

MIAMI, FL 33156

City/State and Zip Code

alex@nctgllc.com

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

For further information concerning this matter, please call:

NATALIA PENATE

Name of Person

at (305)

670-1013

Area Code & Daytime Telephone Number

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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

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

Dated AUGUST 07, 2009



Signature of a member or authorized representative of a member

ALEX DE LA CRUZ

Typed or printed name of signee