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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CEDMON 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:

**JOHN MALDONADO**

Name of Person

**ACCORD TAX SERVICES**

Firm/Company

**2133 W FAIRBANKS AVE**

Address

**WINTER PARK FL 32789**

City/State and Zip Code

**JOHN@ACCORDGROUPS.COM**

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

For further information concerning this matter, please call:

**JOHN MALDONADO**

Name of Person

at ( 321 )

**647-2101**

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

**CEDMON GROUP, LLC**

Page 1 of 2

**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>
<u>MGRM</u>	<u>MAURO LOOR</u>	<u>108 ROSE HILL TRL</u>	<input checked="" type="checkbox"/> Add
		<u>SANFORD FL 32773</u>	<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.)**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated FEBRUARY 25, 2011

Signature of a member or authorized representative of a member

RAMON CEDENO

Typed or printed name of signee