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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 29 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RHO 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:

Deborah Lester

Name of Person

Straughn & Turner, P. A.

Firm/Company

PO Box 2295

Address

Winter Haven, FL 33883-2295

City/State and Zip Code

dq@straughnturner.com

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

For further information concerning this matter, please call:

Deborah Lester

863 293-1184
at ()

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

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TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	PECMM LLC	346 E. Central Avenue	☐ Add
		Winter Haven, FL 33880	☒ Remove
MGR	ABCMM LLC	346 E. Central Avenue	☒ Add
		Winter Haven, FL 33880	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 24, 2014

Deborah Lester

Signature of a member or authorized representative of a member

Deborah Lester

Typed or printed name of signee

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Filing Fee: \$25.00

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