4000	001879
(Requestor's Name) (Address) (Address)	000258366280
(City/State/Zip/Phone #)	04,/07/14-+01008-+020 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	2114 APR - 7 A
Special Instructions to Filing Officer:	AM II: 33
Office Use Only	
	APR 0.9 2018

D. BRUCE

: |

L

COVER	LETTEF	ł
-------	--------	---

TO: Registration Section Division of Corporations

RMS Contructors Group, LLC

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manoochehr Rahmankhah

Name of Person

RMS Constructors Group, LLC

Firm/Company

P.O. Box 133

Address

Gotha, FL 34734

City/State and Zip Code

miker@rmsconstructorsgroup.com

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

For further information concerning this matter, please call:

Manoochehr R	ahmankhah	407 at (3678196		
N	ume of Person	Area Code	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:					
\$25 Filing Fee	So Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy		



STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

RMS Contructors Group, LLC FIRST:

The Florida Document number of the limited liability company is: _____ SECOND:

Document to be corrected is: THIRD: FIE/EIN Number 46-4491923

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The FIE/EIN Number never been filed. The Above FIE Number need to be file

for RMS Constructors Group, LLC.

<u>OR</u>

 \Box

APR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

<u>OR</u>

The electronic transmission of the record was defective. \Box

Signature ized Representative

Filing Fee: **Certified Copy:**

\$25.00 \$30.00 (optional)