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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

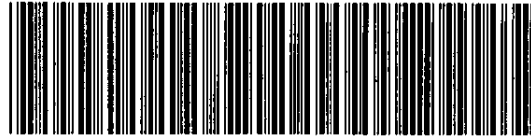
(Business Entity Name)

(Document Number)

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200263753922

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RMS CONSTRUCTORS GROUP, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Christina Buchan

(Contact Person)

The Law Office of Christina Buchan, PA

(Firm/Company)

6996 Piazza Grande Ave., Suite 213

(Address)

Orlando, FL 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

Christina Buchan

407

299-6363

at ()

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

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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> |
|--------------|---------------------------------|-------------------|--|
| AMBR | H&M ENTERPRISES OF FLORIDA, LLC | | <input type="checkbox"/> Add |
| | | 2003 MCCOY ROAD | <input checked="" type="checkbox"/> Remove |
| | | Orlando, FL 32809 | |
| | | | <input type="checkbox"/> Add |
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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 **August 23**, **2014**



Signature of a member or authorized representative of a member

Manoochehr Rahmankhah

Typed or printed name of signee