

L19000172473

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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KMD HOTEL GROUP III LLC**

Certificate of Status	0
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KMD HOTEL GROUP III 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:

CHIRAG B. KABRAWALA

Name of Person

KABRAWALA LAW GROUP PLLC

Firm/Company

190 E. MORSE BOULEVARD

Address

WINTER PARK, FLORIDA 32789

City/State and Zip Code

mhospitality@gmail.com

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

For further information concerning this matter, please call:

CHIRAG B. KABRAWALA, ESQ

407

801-3330

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 &
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☐ \$55.00 Filing Fee &
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(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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	MAHENDRA PATEL	6906 SILVER SAGE CIRCLE	<input type="checkbox"/> Add
		TAMPA, FLORIDA 34677	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DEVANG JOSHI	738 WELLINGTON COURT	<input type="checkbox"/> Add
		TAMPA, FLORIDA 34677	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CHIRAG PATEL	741 WELLINGTON COURT	<input type="checkbox"/> Add
		TAMPA, FLORIDA 34677	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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19 JAN 30 PM 8:04

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Dated May 29, 2019

Chirag Kabrawala, Esq., Authorized Representative

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Filing Fee: \$25.00