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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (050)878-5368

Enter the email address for this business entity to be used for future? annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RG TOWERS, LLC

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CT CORPORATION

2/29/2012

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COVER LETTER

TO: Registration Section Division of Corporations				
•	Towers, LLC			
Name of Foreign	Limited Liability	Company		
Dear Sir or Madam:		•		
The enclosed Affidavit by Foreign Limit Managing Member(s) and fee(s) are substituted as a return all correspondence concern	mitted for filing.		QT [*]	
•	mg uno maner io	ero todo ime	20 TAL	
Ryan Lepene Name of Person		<u>-</u>	12 F	
Peppertres Capital Manager	ment inc	======================================	2012 FEB ;	
Firm/Company		 E	(유) (유)	
88 West Street		<u> </u>	70F 3	IT
Address		-	<u>ĕ</u>	A 100
Chagrin Falls, Ohio 44	กรร		100 N	
City/State and Zip Co				
rlepene@pappertraeca	apital.com			
E-mail address: (to be used for future	re annual report no	phincation)		
For further information concerning this is	natter, please call:			
Branwen Buckley at	(212)	908-3949		
Name of Person	Area Code and I	Daytime Telephone Number	-	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314		
Enclosed is a check for the following at	mount: \$555.00 Filing Cortifled Copy	Fee & S60 Filing Fee, Certificate of Status & Certified Copy		
CR2E123(8/07)				

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AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

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