

L140000001879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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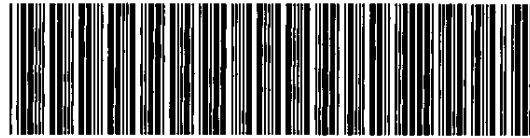
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2014 APR - 7 AM 11:33

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APR 09 2014  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RMS Constructors Group, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

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 Rahmankhah at (407) 3678196  
Name 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
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (2/14)

**FILED**  
 2014 APR - 7 AM 11:33  
 CLERK OF CIRCUIT COURT  
 TALLAHASSEE, FLORIDA

**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.

**FIRST:** The name of the limited liability company is: RMS Constructors Group, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000001879

**THIRD:** Document to be corrected is:  
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.

**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

The electronic transmission of the record was defective.

\_\_\_\_\_  
Signature of Authorized Representative

4/3/14  
Date

2014 APR 7 AM 11:33  
FILED  
CLERK OF STATE  
TALLAHASSEE FLORIDA

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)