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2009 JUL 20 AM IO: 52 SECRETARY OF STATE TALL AHASSEE, FLORIDA

T. CLINE
JUL 2 1 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
	Schmick Orland Limited Liability Cor		_
Dear Sir or Madam:			
The enclosed Affidavit by Foreign Limite Managing Member(s) and fee(s) are subm		to Change Mana	ger(s) or
Please return all correspondence concerni	ng this matter to the t	following:	
Susan Thompson			
Name of Person			
McCormick & Schmick Orland	do. LLC		
Firm/Company			
700 014/14/2 alain atau 04/2 at	N. W. 550		
720 SW Washington Street, S Address	juite 550		
Address			
Portland, OR 97205			
City/State and Zip Coo	de		
sthompson@msmg	com		26 SE 26
E-mail address: (to be used for future	e annual report notific	cation)	
·	•	,	FIL 2009 JUL 20 SECRETARY
For further information concerning this m	atter, please can:		
Susan Thompson at (503_)	552-8345	
Name of Person	Area Code and Dayt	ime Telephone N	umber 💆 🛬
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	ਰਜ਼ ਪ੍ਰ		
Enclosed is a check for the following an ✓ \$25 Filing Fee Certificate of Status	nount: \$55.00 Filing Fee Certified Copy	&\$60 Filing F Certificate of S Certified Copy	

CR2E123(8/07)

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

1. The name of the limited liability compar Department of State is: McCorn	ny as it appears on the records of the Florida mick & Schmick Orlando, LLC
2. This entity was formed under the laws o	f: Delaware
3. This entity was authorized to transact bu and its Florida document/registration number	
4. The name and address of each manager of	or managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	William T. Freeman 720 SW Washington Street, Suite 550 Portland, OR 97205
MGR	Douglas L. Schmick 720 SW Washington Street, Suite 550 Portland, OR 97205
MGRM.	McCormick & Schmick Restaurant Corp. 720 SW Washington Street, Suite 550: Portland, OR 97205
Required Signature: Signature of Manager	Managing Member or Member
Digitature of ividitager,	internating internious or monitors

Filing Fee: \$25