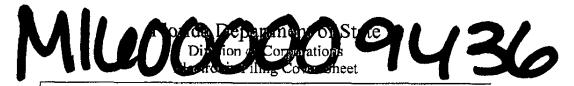
Division of Corporations

Page 1 of 2



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number: 076064003722 Phone

: (888) 491-1120

Fax Number

: (954)343-6962

\*\*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 SBE RESTAURANT GROUP, LLC

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11/29/2016

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: SBE Restaurant Group, LLC

Name of Limited Liability Company

Dear Sir or Madam;

The enclosed Statement of Correction and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

Ellen Gilmore, Esq.

Name of Person

Greenspoon Marder, P.A.

Firm/Company

200 E. Broward Blvd., Ste 1800

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

licensing@sbe.com

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

For further information concerning this matter, please call:

Ellen Gilmore

,, 954

491-1120

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

560 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		tion 605.0209, F.S., this document is being submit me of the limited liability company is: SBE R	
SECOND:		The Florida Document number of the limited liability company is: M1600009436  Document to be corrected is: Application by Foreign Limited Liability Company For Authorization to Transact Business in Florida	
×	statem	, the reason the statement is incorrect, and the corrected	
	OR Was das folio		nent was defectively signed and the appropriate correction are
	OR		MOV 29 AM
	The el	Signature of Authorized Representative	11/29/14 00 N
		w registered agent, if applicable :( NOTE; if corresignation).	cting the registered agent, the new registered agent must sign
I hereb provisie obligate reflect e	y accept ons of a	l statutes relative to the proper and complete perfe	i act in this capacity. I further agree to comply with the brmance of my duties, and I am familiar with and accept the Chapter 605, F.S. Or, if this document is being filed to merely that the limited liability company has been notified in writing
Registered Agent's Signature			
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)