

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 20 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A010000000145

1. Entity Name

RESTAURANT CONCEPTS OF CHICAGO, L.P.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6710 WINKLER ROAD

3. Mailing Address

6710 WINKLER ROAD

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

#7

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33919

Country

Zip

33919

Country

4. FEI Number

65-1085177

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LAMB, JEFFREY R.

Street Address (P.O. Box Number is Not Acceptable)

868 106TH AVENUE N.

City

NAPLES

FL

Zip Code

34108

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

JEFFREY R LAMB

04/26/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	R&B OF CHICAGO, INC. 6710 WINKLER ROAD, #7 FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100005909911--8 -06/21/02--01071--007 ****526.25 ****526.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ronald A. Patak

RONALD PATAK, GENERAL PARTNER

239-454-1166