



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ovations Food Services, L.P.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**Patty Butler**

Contact Person

**Ovations Food Services, L.P.**

Firm/Company

**150 Rouse Boulevard**

Address

**Philadelphia, PA 19112**

City, State and Zip Code

**pbutler@oakviewgroup.com**

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

For further information concerning this matter, please call:

**Patty Butler**

at ( **215** ) **218-7533**

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$52.50 Filing Fee

\$61.25 Filing Fee  
and Certificate of  
Status

\$105.00 Filing Fee  
and Certified Copy

\$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

N/A

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

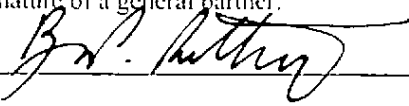
- The entity elects to be a limited liability limited partnership.
- The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:

  
\_\_\_\_\_

Typed or printed name:

Brian Rothenberg (President of General Partner)

Filing Fee: \$52.50  
 Certified Copy (optional): \$52.50  
 Certificate of Status (optional): \$8.75

2022 AUG 26 AM 10  
 RECEIVED  
 STATE DEPARTMENT OF REVENUE