LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016504 1. Entity Name					FILED		
Yu & Chung LLC					02 OCT 10	AM :	6
					SECRETARY TALLAHASSE	OF STAT	E DA
Principal Place of Business Mailing Address					600008372986 10/15/0201025015 **50.00		
2. Principal Place of Business Charley's Steakery at the 10300 W. Forest Hill Blvd Mali at Wellington Green FC110 Wile, Apt. #, etc. FC110					DO NOT WRITE IN THIS SPACE		
City & State Wellington, FL Wellington, FL					4. FEI Number Applied For		
Zip 33414	Country	Zip 33414	Country		59-3745049 5. Certificate of Status Desired		Not Applicable .00 Additional
	1 0.3.	1 23414			7. Name and Address of Current	re	P Required
			Name		Chung	gioterea in	90.11
			Street		PO Box Number is Not Acceptable W. Forest Hill	Blvd, FO	2110
			City	- -,			
8. The above named entity submits this statement for the purpose of changing its registered office or registered					ington, FL		Zip Code 33414
	s named chilly salarment	1		or registere			Ì
SIGNATURE .	Signature, typed or printed name of registered age	nk and title if applicable.	ric Chung		(9-29-200	2
					6000 0 10/15/020102	18372	2986 **5.00
9.	MANAGING MEME	BERS/MANAGERS					<u> </u>
TITLE NAME	MGR		TITLE				
Street address City-st-zip	Eric Chung 1250 Primrose Ln	33414 Wellington, F					
TITLE	MGR		TITLE				
Name Street Address City-St-Zip	Alfred Chung 590 NE 53rd Stree	34479 et. Ocala FL	STREET ADDRESS				
RITLE		- Cocara, III	CITY-ST-ZIP			······································	
NAME.			, title Name				
STREET ADDRESS			STREET ADDRESS CITY-ST-ZiP				1
TITLE		-	TITLE	 	de - Saute		
NAME STREET ADDRESS			NAME				İ
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
ITLE			TITLE				
IAME TREET ADDRESS			NAME				į.
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
ITLE			TITLE	i		 -	
IAME			NAME				
STREET ADDRESS CITY-ST-ZIP	•	** *	STREET ADDRESS CITY-ST-ZIP				
11. i nereby ce	ertify that the information supplied with on this report is true and accurate and	n this filing does not qualify fo	r the everation etc.	ed in Secti	on 119.07(3)(i), Florida Statutes. H	urther certify th	at the information
MULICAION 1		etner my signature shall have	the same legal effe	ct as if mad	to under eath; that I am a mane		· · · · · · · · · · · · · · · · · · ·
indicated c innited liab	on this report is true and accurate and illity company or the receiver or truste	e empowered to execute this	report as required t	y Chapter	608, Florida Statutes.	ng member or	manager of the