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J. J. BRYAN

AUG 28 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EMERIL'S TCHOUP CHOP, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEORGE DITTA  
(Name of Person)

EMERIL'S HOME BASE  
(Firm/Company)

829 ST CHARLES AVE  
(Address)

NEW ORLEANS, LA 70130  
(City/State and Zip Code)

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For further information concerning this matter, please call:

GEORGE DITTA at ( 504 ) 524-4241  
(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

\$55 Filing Fee & Certified Copy

