

W08000088 416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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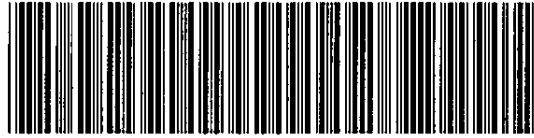
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 04 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Wahoo Restaurant Associates, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gail A. Byrne

Name of Person

Firm/Company

11620 7 Street E.

Address

Treasure Island, Florida 33706

City/State and Zip Code

gailabyrne@yahoo.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Gail Byrne

Name of Person

at ( 727 )

804-7177

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Wahoo Restaurant Associates, LLC**

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gail A. Byrne	11620 7 Street E. Treasure Island, Florida 33706	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

Dated

July 30, 2009

Gail A. Byrne

Signature of a member or authorized representative of a member

GAIL A. Byrne

Typed or printed name of signee