

L12000086933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

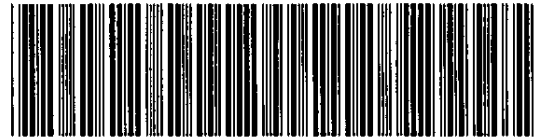
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REBA'S STEAKHOUSE 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:

JULIE CURREY

\_\_\_\_\_  
Name of Person

REBA'S STEAKHOUSE LLC

\_\_\_\_\_  
Firm/Company

16909 HIGHGROVE BLVD

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

CLERMONT, FLORIDA 34714

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

For further information concerning this matter, please call:

PETER HARRIS

941 914-4330  
at ( )

\_\_\_\_\_  
Name of Person

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

## REBA'S STEAKHOUSE LLC

The Articles of Organization for this Limited Liability Company were filed on 07/02/2012 and assigned Florida document number L12000086933.

N/A

N/A

N/A

N/A

Enter Florida street address

**, Florida**

Cin:

Zip Code

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGM	STEVEN GILMARTIN	16909 HIGHGROVE BLVD	<input type="checkbox"/> Add
		SUITE A	<input checked="" type="checkbox"/> Remove
		CLERMONT, FL 34714	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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**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.

Dated OCTOBER 13 2017

Julie Carney  
Signature of a member or authorized representative of a member

Typed or printed name of signee