## **2015 LIMITED LIABILITY COMPANY**

2015 LIMITED LIA REINST	ABILITY COM		
DOCUMENT # L13000092448  1. Entity Name CHICAGO CHICKEN AND GRILL LLC			15 SEP 15 PK 3: 35
CHICAGO CHICAEN AND GRILL L			SECTION TO SECTION
Principal Place of Business 1911 S ADAMS TALLAHASSEE, FL 32301 US	Mailing Address 1325 W THARPE ST APT 1632A TALLAHASSEE, 32303	US	
2. Principal Place of Business - No P.O. Box #		s 54	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		09152015 REIN-LLC CR2E101 (12/11)
City & State	City & State Talla Nawce	F(	4. FEI Number Applied For Not Applicable
Zip Country		Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Currer	it Registered Agent	Namen	7. Name and Address of New Registered Agent
BAILEY, RASHAD J 1325 W THARPE ST APT 1632A		Street Ad	Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE, FL 32303			
		City Po	all ahutee FL   zip cod o
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name on existered age	nt and title () applicable (NOTE:	Registered Agent signa	nature required when reinstating)  7// S  DATE
FILE NOW!!! FEE IS \$377.50			Make check payable to
9. MANAGING MEME	ERS/MANAGERS	10.	ADDITIONS/CHANGES
MILE MGRM NAME LITTLE, JORDAN	Delete	TITLE NAME	MGRM Change Addition
STREET ADDRESS 8712 S ROCKWELL  CITY-S1-ZIP EVERGREEN PARK, IL 60805	i	STREET ADORESS	Rashad Bailey Tallahussee Fr
TITLE	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change Addition
STREET ADDRESS		STREET ADDRESS	300277109503   09/15/1501013027 ***377.75
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	Change Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	TAR TOTAL
TITLE	☐ Delete	TITLE IL.	CINSIATEMEN Donne Addition
STREET ADDRESS CITY- ST-ZIP		STREET ADDRESS CITY-ST-ZIP	1 DD14- XIV
TITLE	Dejete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS ; CITY-ST-ZIP		STREET ADDRESS	
1. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same regal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee employed to execute this report as required by Chapter 608, Florida Statutes.			