

L14000025931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MB BISTRO 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:

RICHARD HARARY
Name of Person

Firm/Company

7524 CURRENCY DRIVE
Address

ORLANDO, FL. 32809
City/State and Zip Code

ACCOUNTING@MACROBABY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD HARARY at (**407**) **574-8076**
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2014

RICHARD HARAY
7524 CURRENCY DRIVE
ORLANDO, FL 32809

SUBJECT: MB BISTRO, LLC
Ref. Number: L14000025931

We have received your document for MB BISTRO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

The amendment was received on 12/08/14.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 514A00026437

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

MGR = Manager
AMBR = Authorized Member

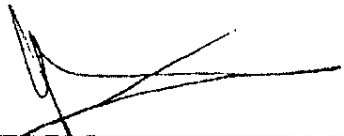
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICHARD HARARY	7524 CURRENCY DR.	<input checked="" type="checkbox"/> Add
		ORLANDO, FL. 32809	<input type="checkbox"/> Remove
MGR	MELISSA DELGADO	7524 CURRENCY DR.	<input type="checkbox"/> Add
		ORLANDO, FL. 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 2 2014



Signature of a member or authorized representative of a member

RICHARD HARARY

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA