

L1400009122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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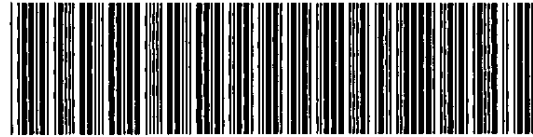
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

JUN 09 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCRAMBLED RESTAURANTS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne-Sophie Dervieux Henderson
Name of Person

SCRAMBLED RESTAURANTS, LLC
Firm/Company

8015 Haren Harbour Way
Address

BRADENTON, FL 34212
City/State and Zip Code

sophiednyc@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne-Sophie Dervieux at (239) 300 3986
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

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: SCRAMBLED RESTAURANTS, LLC

SECOND: The Florida Document number of the limited liability company is: L14000069122

THIRD: The street address of the limited liability company's principal office is:

1857 Lakewood Ranch Blvd
Lakewood Ranch FL 34211

The mailing address of the limited liability company's principal office is:

1857 Lakewood Ranch Blvd
Lakewood Ranch FL 34211

FOURTH: The date the statement of authority became effective is: 04/28/2014

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

Anne-Sophie Dervieux-Henderson a/k/a Anne-Sophie
Dervieux, is hereby Removed as member of
the company and does not have authority to bind
the company.

[Signature]
Signature of authorized representative

Joel Henderson
Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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