

L16000165858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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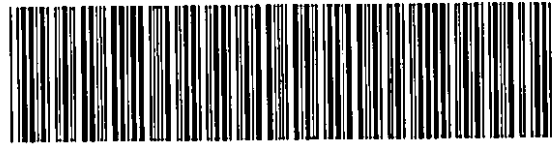
(Business Entity Name)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: House Of Flavor Restaurant

\_\_\_\_\_  
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:

Cliff Flambert

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

House Of FLavor Restaurant

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

13737 NW 7 Ave

\_\_\_\_\_  
Address

Miami FL, 33168

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

CHefguyhouseofFlavor@gmail.com

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

For further information concerning this matter, please call:

Cliff Flambert

786 486 2843  
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

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2018 NOV 30 PM 1:29  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

## House OF Flavor Restaurant

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2018 NOV 30 PM 1:25  
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U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF NEW YORK

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(b) The 90th day after the record is filed.

Cliff Hamburger  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Cliff Lambert

Typed or printed name of signee