

L17000205726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

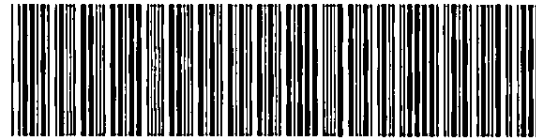
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 OCT 16 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 OCT 16 AM 8:13

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA RESTAURANT BUSINESS 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:

WILLIAM D. SNYDER JR
Name of Person

KINGS SMOKEHOUSE
Firm/Company

1340 ALAFAYA TRAIL, OVIDO FL 32765
Address

OVIDO FL 32765
City/State and Zip Code

THEKINGS SMOKEHOUSE @ GMAIL. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM D. SNYDER at (407) 925-8350
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

CENTRAL FLORIDA RESTAURANT BUSINESS LLC

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>
AP	ANNA SNYDER	1340 ALAFAYA TR	<input type="checkbox"/> Add
		OVIEDO FL 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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17 OCT 16 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/06/16 AM 7:34

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

Dated OCTOBER 11TH, 2017

Signature _____

Signature of a member or authorized representative of a member

WILLIAM DANIEL SNYDER JR
Typed or printed name of signee

Typed or printed name of signee