

# **NO10000000870**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

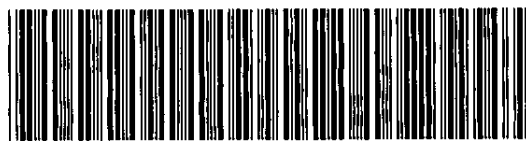
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
NOV 21 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Flying Food Servair Miami, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Fay

Name of Person

Flying Food Servair Miami, LLC

Firm/Company

5575 South Archer Avenue

Address

Chicago, IL 60638

City/State and Zip Code

ffay@flyingfood.com

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

For further information concerning this matter, please call:

Frank Fay

Name of Person

at ( 773 ) 884-0770

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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Flying Food Servair Miami, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: April 19, 2001

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Remove Ms. Sue L. Gin as Manager

\_\_\_\_\_

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

David L. Cotton

Signature of the authorized representative

David L. Cotton

Typed or printed name of signee

**Filing Fee: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA