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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 16 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMG Food and Beverage, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rina Williams
Name of Person

SMG
Firm/Company

300 Conshohocken State Rd, Suite 450
Address

W. Conshohocken, PA 19428
City/State and Zip Code

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Rina Williams at (610) 729-7869
Name of Person Area Code and 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

☐ \$55.00 Filing Fee &
Certified Copy

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

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SMG Food and Beverage, LLC

2. This entity was formed under the laws of: Delaware

3. This entity was authorized to transact business in Florida on 3/23/2006
and its Florida document/registration number is M06000001715

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Maureen Ginty
300 Conshohocken State Road, Suite 450
W. Conshohocken, PA 19428

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Required Signature: _____

Signature of Manager, Managing Member or Member

Filing Fee: \$25