

M10000000356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300307552993

RECEIVED
DIVISION OF CORPORATION
18 JAN 11 AM 8:40

RECEIVED
2018 JAN 11 PM 2:03
OFFICE OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JAN 22 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 015457 4304417

AUTHORIZATION :

COST LIMIT : \$ 60.00

ORDER DATE : January 11, 2018

ORDER TIME : 1:18 PM

ORDER NO. : 015457-010

CUSTOMER NO: 4304417

FOREIGN FILINGS

NAME: FERNANDINA BEACH RESTAURANT
GROUP LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2018

CSC
ROXANNE TURNER

RESUBMIT

Please give original
submission date as file date.

SUBJECT: FERNANDINA BEACH RESTAURANT GROUP LLC
Ref. Number: M10000000356

We have received your document for FERNANDINA BEACH RESTAURANT GROUP LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 318A00000778

RECEIVED
DEPARTMENT OF STATE
18 JAN 19 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FERNANDINA BEACH RESTAURANT GROUP 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:

Gerald L. Nudo

Name of Person

Fernandina Beach Restaurant Group LLC

Firm/Company

55 E. Jackson Blvd., Suite 500

Address

Chicago, Illinois 60604

City/State and Zip Code

gnudo@marcrealty.com

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

For further information concerning this matter, please call:

Gerald L. Nudo

Name of Person

at (312) 884-5488

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 (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: FERNANDINA BEACH RESTAURANT GROUP LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M1000000356

3. Jurisdiction of its organization: Illinois

4. Date authorized to do business in Florida: January 27, 2010

SECTION II (5-9 complete only the applicable changes)

5. 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," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 11 AM 8:40

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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 11 AM 8:40

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Michael Mollod</u>	<u>P. O. Box 1307</u>	<input type="checkbox"/> Add
		<u>Westhampton Beach, NY 11978</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a 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.

Gerald Lee Nudo
Signature of the authorized representative

GERALD LEE NUDO
Typed or printed name of signee

Filing Fee: \$25.00