## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000245645 3)))



H120002456453ABC\$

OCT 1 0 2012

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this L. SELLERS page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GARY, DYTRYCH & RYAN, P.A.

Account Number: I19990000255

Phone

: (561)844-3700

Fax Number

: (561)844-2388

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BURGERFI-DELRAY BEACH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

(((H12000245645 3)))

## COVER LETTER

TO:	Registration S Division of C							
SUB	JECT:	BURGERFI-D Name of Foreign I				<del></del>		
Dear	Sir or Madam:							
		vit by Foreign Limite ) and fee(s) are subm			Change Mana	iger(s) or		
Pleas	e return all corre	espondence concerni	ng this matter t	o the follo	owing:			
	LAV	VRENCE W. SMITI	н					
		Name of Person	•	<del></del>				
	GARY I	OYTRYCH & RYAN	PA					
	0,1111,0	Firm/Company	11 17 15					
	704118 14	IICHWAY ONE SH	IITE 400					
	7010.5. 1	IGHWAY ONE, SU Address	11 L 402					
		PALM BEACH, FL						
		ity/State and Zip Coo	1 <b>e</b>					
		MD@GDR-LAW.C	ОМ		<del>-</del> ,			
	E-mail address:	(to be used for future	annual report	notificati	on)			
For f	urther informati	on concerning this m	atter, please ca	11:		¥Zi	<b>₹</b>	
	MICHELLE DE	WHURST	561 <sub>)</sub>		844-3700	>22	12 OCT	***
	Name of		Area Code and			Number:	<del></del> 1	T
<u>E</u> ncl √ \$25	STREET/CO Registration So Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	URIER ADDRESS: ection proporations ng e Center Circle	MAI Regi Divi P.O. Talla	ILING A) stration S sion of Co Box 6327 ahassee, F	DDRESS: ection orporations	RY OF STATE SEE, FLORIDA Fee, Status &	-9 PH 2: 32	

Ϊ,

(((H12000245645 3)))

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

The name of the limited liability compartment of State is:	ny as it appears on the records of the Florida ERFI-DELRAY BEACH, LLC					
2. This entity was formed under the laws o	f:DELAWARE					
3. This entity was authorized to transact but and its Florida document/registration numb						
4. The name and address of each manager or managing member is as follows:						
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:					
MGRM	JOHN ROSATTI 105 U.S. HIGHWAY ONE NORTH PALM BEACH, FL 33408					
<del></del>						
D						
Required Signature:  Signature of Manager, Managing Member or Member						

Filing Fee: \$25