## MILWOODD 2563

(Requestor's Name)					
(Address)					
•					
(Address)					
, ,					
(City/State/Zip/Phone #)					
(englescates 2) pri none my					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special instructions to Filing Officer:					
Special instructions to Filling Officer.					

Office Use Only



500207923425

06/07/11--01021--002 \*\*25.00

11 JUH-7 PH 1: 39
ALLAHASSEF FINE

D. BRUCE.

JUN 0 8 2011

EXAMINER

## **COVER LETTER**

то:	Registration Division of C							
SUBJI	ECT:			Group LLC		_		
		Name of Foreign	n Limited Li	iability Compa	any			
Dear S	ir or Madam:							
		vit by Foreign Limits) and fee(s) are sub	-		Change Mana	ger(s) or		
Please	return all cor	respondence concerr	ning this ma	tter to the foll	owing:			
	В	rian C. Close, Esq	<b>]</b> ,					
		Name of Person						
	Dir	nsmore & Shohl LL	_P					
		Firm/Company		<del></del>				
	 101 W. N	lationwide Blvd., S	Suito 200					
	191 44. 14	Address	uite 300					
	_					#01	1 JUH - 7 PM (H	The second
		olumbus, OH 4321				SS	-7	P Han
	(	City/State and Zip Co	ode			tu® √	<b>.</b>	
brian.close@dinslaw.com  E-mail address: (to be used for future annual report notification)						- 145 		
E.	-maii address:	(to be used for futu	re annuai re	port notificati	ion)	<u> </u>	Gr.)	•
For fur	ther informati	ion concerning this r	matter, pleas	se call:		>	లు	
	Brian C. Clo	se, Esq. at	(614)	;	227-4209			
	Name of			e and Daytim	e Telephone N	umber	_	
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					
	ed is a check ling Fee	for the following a \$30 Filing Fee & Certificate of Status		0 Filing Fee & Copy	\$60 Filing F Certificate of S Certified Copy			

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

The name of the limited liability compart Department of State is:     St	ny as it appears on the records of the Florida  Of Restaurant Group LLC
2. This entity was formed under the laws or	
<ol><li>This entity was authorized to transact bused its Florida document/registration number</li></ol>	
4. The name and address of each manager of	or managing member is as follows:
<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	HB Equity Associates LLC 405 Park Avenue, Suite 701 New York, NY 10022
<del></del>	
aute originalism.	
<del></del>	TARGARY ABSE
Required Signature:	
Signature of Manager,	Managing Member or Member
Filing F	ree: \$25