


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90062 035 \*\*\*\*55.00

**DOCUMENT # L04000050592**

1. Entity Name  
**PIZZALLEY'S LLC**



Principal Place of Business  
**117 ST. GEORGE STREET  
 ST. AUGUSTINE FL 32084  
 US**

Mailing Address  
**117 ST. GEORGE STREET  
 ST. AUGUSTINE FL 32084  
 US**

2. Principal Place of Business  
*HERE SEE SAME*

3. Mailing Address  
*SEE SAME*


Suite, Apt. #, etc.

City & State

City & State

Zip - Country -

Zip - Country -



1st MOORE CR2E083 (10/04)

4. FEI Number  
**55-087-8287**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHELTRA, TRAVIS JAMES  
 2337 S.W. ARCHER ROAD  
 GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name  
**CAROL SHELTRA**

Street Address (P.O. Box Number is Not Acceptable)  
**117 ST. GEORGE STREET**

City **ST AUGUSTINE** FL Zip Code **32084**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol Sheltra* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	SHELTRA, THOMAS CARL	
STREET ADDRESS	117 ST. GEORGE STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SHELTRA, CAROL ANN	
STREET ADDRESS	117 ST. GEORGE STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SHELTRA, TRAVIS JAMES	
STREET ADDRESS	117 ST. GEORGE STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	SHELTRA, SHANE THOMAS	
STREET ADDRESS	117 ST. GEORGE STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>CAROL MANAGING MEMBER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHELTRA, CAROL ANN</b>	
STREET ADDRESS	<b>117 ST GEORGE ST</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE, FL 32084</b>	
TITLE	<b>MEMBER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHELTRA, TRAVIS JAMES</b>	
STREET ADDRESS	<b>117 ST GEORGE ST</b>	
CITY-ST-ZIP	<b>ST AUGUSTINE, FL 32084</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Carol Sheltra* (CAROL SHELTRA) 2/27/05 904-825-2107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #