


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02232007No Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0878287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELTRA, CAROL
 117 SAINT GEORGE STREET
 SAINT AUGUSTINE, FL 32084

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHELTRA, THOMAS CARL 117 ST. GEORGE STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHELTRA, CAROL ANN 117 ST. GEORGE STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHELTRA, TRAVIS JAMES 117 ST. GEORGE STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHELTRA, SHANE THOMAS 117 ST. GEORGE STREET ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas Sheltra Date: 2/27/07

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