


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000050592

1. Entity Name  
 PIZZALLEY'S LLC



Principal Place of Business      Mailing Address

117 ST. GEORGE STREET      117 ST. GEORGE STREET  
 ST. AUGUSTINE, FL 32084 US      ST. AUGUSTINE, FL 32084 US

**DO NOT WRITE IN THIS SPACE**



03272008No Chg-LLC      CR2E083 (12/07)

4. FEI Number      Applied For  
 55-0878287      Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

U00000894514  
 04/24/08-80030-015 138.75

**DO NOT WRITE IN THIS SPACE**

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: *Sheltra*      19 M      4/10/08      804-825-2107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #