

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000018265

**Entity Name:** NFM PIZZA VENTURE, LLC

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

547 PINE ISLAND ROAD  
FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

547 PINE ISLAND ROAD  
FORT MYERS, FL 33903

**New Mailing Address:**

**FEI Number:** 75-3210438

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'CONNOR, JOSEPH P JR  
16488 EDMONT DRIVE  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SENSENBRENNER, PETER  
**Address:** 648 LINCOLN STREET  
**City-St-Zip:** RIPON, WI 54871

**Title:** MGRM  
**Name:** O'CONNOR, JOSEPH P JR.  
**Address:** 16488 EDMONT DRIVE  
**City-St-Zip:** FORT MYERS, FL 33908

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** JOSEPH O'CONNOR

MMBR

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date