

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000044030

Entity Name: SEABREEZE PIZZA, LLC

**FILED**  
**Nov 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1101 THOMAS STREET  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1101 THOMAS STREET  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 56-2663853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAX, TERRY G DR  
1101 THOMAS ST  
DELRAY BEACH  
FLORIDA, FL 33483 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: DR TERRY G. MAX

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAX, TERRY G DR.  
Address: 1101 THOMAS ST  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM  
Name: SWEENEY, PATRICK DR.  
Address: 5678 LAKESHORE DR.  
City-St-Zip: HOLLAND, MI 49424

Title: MGR  
Name: MAX, LINDA  
Address: 1101 THOMAS STREET  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR  
Name: SWEENEY, DIANNA  
Address: 5678 LAKESHORE DR.  
City-St-Zip: HOLLAND, MI 49424

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: TERRY G. MAX

DR

11/09/2011

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