

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050592

**Entity Name:** PIZZALLEY'S LLC

**Current Principal Place of Business:**

117 ST. GEORGE STREET  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

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

**FEI Number:** 55-0878287

**Certificate of Status Desired:** No

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

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

*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

**Authorized Person(s) Detail :**

Title MGR  
Name SHELTRA, THOMAS CARL  
Address 117 ST. GEORGE STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

Title MGRM  
Name SHELTRA, CAROL ANN  
Address 117 ST. GEORGE STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

Title MGRM  
Name SHELTRA, TRAVIS JAMES  
Address 117 ST. GEORGE STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

Title MGRM  
Name SHELTRA, SHANE THOMAS  
Address 117 ST. GEORGE STREET  
City-State-Zip: ST. AUGUSTINE FL 32084

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS CARL SHELTRA

**PRESIDENT**

**02/15/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date