

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000011222

**Entity Name:** MAMMAS PIZZA COMPANY LLC

**Current Principal Place of Business:**

401 W. ATLANTIC AVE. #R11  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

830 W DOLPHIN RIDGE RD  
WEST PALM BEACH, FL 33406 US

**FEI Number:** 45-4358894

**Certificate of Status Desired:** No

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

HINCAPIE, GERMAN  
401 W. ATLANTIC AVE. #R11  
DELRAY BEACH, FL 33444 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 HINCAPIE, GERMAN  
Address 401 W. ATLANTIC AVE. #R11  
City-State-Zip: DELRAY BEACH FL 33444

Title MGR  
Name HINCAPIE, ADRIANA  
Address 401 W. ATLANTIC AVE. #R11  
City-State-Zip: DELRAY BEACH FL 33444

*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:** GERMAN HINCAPIE

**MANAGER**

**04/22/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date