

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000004476

**Entity Name:** PIA'S TRATTORIA LLC

**Current Principal Place of Business:**

3050 BEACH BLVD. S.  
GULFPORT, FL 33707

**Current Mailing Address:**

3050 BEACH BLVD. S.  
GULFPORT, FL 33707 US

**FEI Number:** 46-1810296

**Certificate of Status Desired:** No

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

GOFF, THOMAS  
3050 BEACH BLVD. S.  
GULFPORT, FL 33707 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	MGRM	Title	CFO
Name	GOFF, PIA	Name	GOFF, THOMAS
Address	3050 BEACH BLVD. S.	Address	3050 BEACH BLVD. S.
City-State-Zip:	GULFPORT FL 33707	City-State-Zip:	GULFPORT FL 33707

*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 GOFF

CFO

04/30/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date