## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L17000019777

#### Entity Name: BONFIRE PIZZA LLC

## Current Principal Place of Business:

3550 LEMMINGTON RD PENSACOLA, FL 32504

## **Current Mailing Address:**

3550 LEMMINGTON RD PENSACOLA, FL 32504

# FEI Number: APPLIED FOR

### Name and Address of Current Registered Agent:

SCHULTZ, KERRY ANNE 2045 FOUNTAIN PROFESSIONAL COURT SUITE A NAVARRE, FL 32566 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                     | E: KERRY ANNE SCHULTZ                    |                 |                    | 03/12/2018 |
|-------------------------------|--|-----------------|--------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                    | Date       |
| Authorized Person(s) Detail : |  |                 |                    |            |
| Title                         | AP                                       | Title           | AUTHORIZED MEMBER  |            |
| Name                          | JONES, TORREY                            | Name            | JONES, TRACY       |            |
| Address                       | 3550 LEMMINGTON RD                       | Address         | 3550 LEMMINGTON RD |            |
| City-State-Zip:               | PENSACOLA FL 32504                       | City-State-Zip: | PENSACOLA FL 32504 |            |
| Title                         | AUTHORIZED MEMBER                        |                 |                    |            |
| Name                          | JAVIER, JESSICA                          |                 |                    |            |
| Address                       | 637 DEEDRA AVENUE                        |                 |                    |            |
| City-State-Zip:               | PENSACOLA FL 32514                       |                 |                    |            |

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: JONES, TORREY

AP

#### 03/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Mar 12, 2018 Secretary of State CC9958616223

Certificate of Status Desired: No