

2019 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 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**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:** KERRY ANNE SCHULTZ

02/08/2019

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	Title	AMBR
Name	JAVIER, JESSICA	Name	RICHARDSON, MARCUS
Address	637 DEEDRA AVENUE	Address	1737 MAHOGANY DR
City-State-Zip:	PENSACOLA FL 32514	City-State-Zip:	ORLANDO FL 32828
Title	AMBR	Title	AMBR
Name	BARKSDALE, TREVOR	Name	JAVIER, JUVY NOTORID
Address	643 EL CAMINO DR	Address	2634 TULIP HILL RD
City-State-Zip:	CANTONMENT FL 32533	City-State-Zip:	PACE FL 32571
Title	AMBR		
Name	JAVIER, ERNESTO RABEJE		
Address	2634 TULIP HILL ROAD		
City-State-Zip:	PACE FL 32571		

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

02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date