

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90081 017 ****55.00

DOCUMENT # L00000002305

1. Entity Name
TOP DAWG PIZZA, LLC



Principal Place of Business

**1474 S 6TH STREET
MACCLENNY FL 32063**

Mailing Address

**P.O. BOX 3599
PONTE VEDRA BEACH FL 32004-3599**

20018284



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3630544

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REDDINGTON, ROBY REID
351 N LOWDER STREET
SUITE 101
MACCLENNY FL 32063**

Name

Street Address (P.O. Box Number is Not Acceptable)

8409 PENNY PLACE

City

MACCLENNY

DE
F

FL

Zip Code

32063

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME JONES, CRAIG THOMAS
STREET ADDRESS 436 CLEARWATER DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME REDDINGTON, ROBY REID
STREET ADDRESS 351 N LOWDER STREET, #101
CITY-ST-ZIP MACCLENNY FL 32063

TITLE
NAME
STREET ADDRESS 8409 PENNY PLACE
CITY-ST-ZIP MACCLENNY, FL 32063

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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes: I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

1-6-03

904-258-4617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)