2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

4.23.08

DOCUMENT # L0100007284 1. Entity Name SPIRIT PIZZA, L.C.							04-25-2008 90	0024 008	***138.	75
Principal Plac	e of Business		Mailing Address		<u> </u>					
5050 W. LEMON ST. P.O. BOX 48195 TAMPA, FL 33609 TAMPA, FL 33647										
TAMPA, FL 3	33008		TAMPA, FL 33647							
										
	Place of Business	Reek Blud.	3. Mailing Address				E II	! 48 18 18		
Suite, Apt.		Kadi Dire	Suite, Apt. #, etc.	•		04102008	Chg-LLC	CR2F08	3 (12/06)	
City R Chat			City & Ctata			4, FEI Numbe				plied For
City & State TAMPA FL		City & State			59-3715				t Applicable	
Zip Country		Zip Coun		ntry		ate of Status Desired Status Desired Addition				
3364		USH Address of Current R	resistant & section						ee Required	=
	o. Name and	Address of Current R	agistered Agent		Name	7. Name and	Address of New R	egistereu A	gent	
KENNY, B		2 COLUET			Strant Address	e /P O Boy Numbe	r in Niet Acceptable	<u> </u>		
17701 SHANNON OAKS COURT TAMPA, FL 33647					Street Addres	s (P.O. Box Numbe	is Not Acceptable			
1.40.153	_ 000							e.) .		
					City			FL	Zip Code	-
8. The above	named entity sub	omits this statement for	the purpose of changing its	s register	ed office or regis	tered agent, or bott	n, in the State of Flo	rida. I am fa	miliar with,	and accept
the obligat	tions of registered	agent.					- 	\$''.	· - •	
SIGNATURE .	Signature, typed or prin	ited name of registered agent an	d title if applicable (NOT	F: Registere	d Agent signature requi	(red when reinstating)		DATE	· ·	——
- 										
—FILE NOWIII-FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							Mak	a abaak na	vable to	1
After May	/ 1, 2008 Fee	will be \$538.75	- ^			,		e check pa Departme		<u>-</u>
After May	y 1, 2008 Fee	WIII be \$538.75	S/MANAGERS	10.				Departme		
9.	1, 2008 Fee MGR	MANAGING MEMBER	S/MANAGERS	TITL			Florida	Departme CHANGES		☐ Addition
9. TITLE NAME	MGR KENNY, BRIA	MANAGING MEMBER		TITLI			Florida	Departme CHANGES	nt of State	
9.	1, 2008 Fee MGR	MANAGING MEMBER		TITLI NAM STRE	ie		Florida	Departme CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS	MGR KENNY, BRIA P.O. BOX 481	MANAGING MEMBER		TITLI NAM STRE	EET ADDRESS - ST-ZIP		Florida	CHANGES	nt of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR KENNY, BRIA P.O. BOX 481	MANAGING MEMBER	☐ Delete	TITLI NAM STRE CITY TITLI	EET ADDRESS -ST-ZIP E		Florida	CHANGES	nt of State	Addition
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