2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009579

1. Entity Name

PRETZELRIA L.L.C.

Principal Place of Business	Mailing Address
118 WEST ORANGE ST. ALTAMONTE SPRINGS FL 32714	118 WEST ORANGE ST. ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1700 Sunset Dr.	*1700 Sunset Dr*
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For / Not Applicable
Longwood FL	*Longwood FL*	*59-3729208*	

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required
32750	*USA*	*32750*	*USA*		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name *Thomas Lay* Street Address (P.O. Box Number is Not Acceptable) *1700 Sunset Dr* City *Longwood* FL Zip Code *32750*

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.

SIGNATURE _*Thomas N Lay*_ DATE *2/11/02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR NAME LAY, THOMAS STREET ADDRESS 118 WEST ORANGE ST. CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE NAME STREET ADDRESS *1700 Sunset Dr* CITY-ST-ZIP *Longwood FL 32750*	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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: _*Thomas N Lay*_ *2/11/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #