

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000014081**

1. Entity Name  
GILL PADULA'S PIZZERIA, L.L.C.



Principal Place of Business  
14355 SPRING HILL DR  
SPRING HILL, FL 34609

Mailing Address  
10416 DUNKIRK  
SPRING HILL, FL 34608

**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
59-3754506

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BEARDSLEY, TAMMY  
14355 SPRING HILL DRIVE  
BROOKSVILLE, FL 34609

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BEARDSKY, TAMMY  
10416 DUNKIRK  
SPRING HILL, FL 34608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CORNELL, KAREN  
10416 DUNKIRK  
SPRING HILL, FL 34608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000810466  
02/08/08-80066-011 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-28-08 352666-8060

Date

Daytime Phone #