

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000011313

1. Entity Name
ART'S PIZZA, LLC



Principal Place of Business
**2030 INTRACOASTAL DR.
FT. LAUDERDALE, FL 33305**

Mailing Address
**2030 INTRACOASTAL DR.
FT. LAUDERDALE, FL 33305**



01172004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0439108

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARTMAN, ERICA
2030 INTRACOASTAL DR.
FT. LAUDERDALE, FL 33305**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HARTMAN, ERICA
STREET ADDRESS	2030 INTRACOASTAL DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	MGRM
NAME	FREEMAN, JENNIFER
STREET ADDRESS	45 E. 57 ST. #8C
CITY-ST-ZIP	NEW YORK, NY 10021
TITLE	MGRM
NAME	FELDMAN, ROBERT
STREET ADDRESS	289 CHURCH STREET
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000011562
01/23/04-80042-015 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Erica Hartman
1/20/04

Date

Daytime Phone #

984-537-3307