

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000031138

1. Entity Name
AMER'S PIZZA, L.L.C.



Principal Place of Business
**4475 U.S. 1 SOUTH, SUITE 503
ST. AUGUSTINE, FL 32086**

Mailing Address
**4475 U.S. 1 SOUTH, SUITE 503
ST. AUGUSTINE, FL 32086**



04022004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0553608

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FAIRBANKS, RANDAL C
217 PONTE VEDRA PARK DRIVE, SUITE 200
PONTE VEDRA BEACH, FL 32082**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRG
KOSTKA, GREG
4475 U.S. 1 SO. #503
SAINT AUGUSTINE, FL 32086**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRG
AMER, KARL
4475 U.S. 1 SO. #503
SAINT AUGUSTINE, FL 32086**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**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 19.07(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

4/6/04 (904) 797-5116

Date

Daytime Phone