## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000003015

Entity Name: WEST PALM PIZZA, LLC

Title:

Name:

Address:

City-St-Zip:

MGRM

(X) Delete

RODRIGUEZ, ROGELIO

15363 SW 178TH ST

MIAMI, FL 33187

FILED Feb 02, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2695 N. MILITARY TRAIL WEST PALM BEACH, FL 33409 LIS **Current Mailing Address: New Mailing Address:** 2695 N. MILITARY TRAIL WEST PALM BEACH, FL 33409 US FEI Number: 47-0911990 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORNERSTONE BUSINESS SOLUTIONS, INC. 6950 CYPRESS ROAD SUITE 211 PLANTATION, FL 33317 US 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PRATS, RENE Name: Name: 2301 ALHAMBRA CIRCLE Address: Address: City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition Name: PRATS, EDDIE Name: Address: 3590 SOUTH OCEAN BLVD., APT. 304 Address: City-St-Zip: SOUTH PALM BEACH, FL 33480 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition PRATS, LUIS E Name: Name: 3957 HAWKS COURT Address: Address: City-St-Zip: WESTON, FL 33331 FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: RENE PRATS MGRM 02/02/2005