

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008621

FILED
May 01, 2007
Secretary of State

Entity Name: MYSTIC PITA LLC

Current Principal Place of Business:

1564 WASHINGTON AVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1564 WASHINGTON AVE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 35-2198722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

A. ELIZABETH GOINGS, P.A.
2946 BIRD AVENUE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGR () Delete
Name: RITTENBERG, JAMES
Address: 1564 WASHINGTON AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: M () Delete
Name: NEURAUTER, JACK
Address: 1564 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: M () Delete
Name: WILKINS, NICOLE
Address: 1564 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: JAMES RITTENBERG

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date