## L0300013173

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2007

TON OF PIZZA, LLC 2856 DOE RUN TRAIL, 327-C ORANGE CITY, FL 32763

SUBJECT: TON OF PIZZA, LLC Ref. Number: L03000013173

It was brought to our attention that the document filed on July 24, 2007, for the above referenced entity contains a deficiency and was filed in error. This deficiency must be corrected on or before December 31, 2007, or the entity will be administratively dissolved or revoked on our records. This letter shall serve as your official 60 days' notice.

Florida law does not allow a business entity to serve as its own registered agent. You must designate another business entity with an active registration or filing on our records or an individual with a Florida street address.

For your convenience, we are enclosing the appropriate form and applicable instructions to correct this deficiency on our records. The fee to file this document will be abated due to our error. As a courtesy, a certified copy of the document will be returned to you free of charge.

Please return the completed form along with a copy of this letter to my personal and confidential attention. A self-addressed envelope is enclosed for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

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Brenda Tadlock Senior Section Administrator

Letter Number: 407A00062948

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Ton OF PIZZA LLC (Name of Limited Liability Company)	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the following:	
MILTON J. WORD (Name of Person)	
(Firm/Company)	•
P.O. Box 3790 (Address)	
DE LAND FL 32721 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (386) 785-0444 (Area Code & Daytime T	elephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	·
Enclosed is a check for the following amount:	
\$25 Filing Fee & Certified	Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR ROTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the blate of I tortaa.		•
1. The name of the limited liability company is:	TON OF PIZZA LLC	,
2. The mailing address of the limited liability comp	any is : 1.0. Box 3791	<u></u> .
	DELAND FL .	<u>32721-37</u> 90
4/11/03	L0300001313	7.3
3. Date of fling/registration in Florida	<u>L 03 0000 1.317</u> 4. Document number	
5. The name of the registered agent and the registere Florida Department of State:		ecords of the
BERPIE !	INC name SADEMA AVE, #357C dress MAG FL 33707 te and Zip	-
1135 5 Do	ime	
1133 3 . FAS	dress	<b>0</b> , 017,0
ST PETERSB	URG FL 33707	SECHETARY DIVISION OF CO
City, Star	te and Zip	NE TA
6. The name and address of the new registered agent	and/or office:	9 CO RE
MU TON 1.	117000	PH RPO
Nam	ne	RATION: 1: 56
2854 DOE A	NORA  SUN TRAIL  O. Box NOT acceptable)	2.6 1048
Florida street address (P.	O. Box <b>NOT</b> acceptable)	· ·
DRANGE CITY FI	L <u> 多み763</u> and Zip	_
City, State	and Zip	•
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the chart of the thembers of the limited liability company or a or the operating agreement of the limited liability company or an experiment of the limited liability confirmed that the chart of a member of a member of a member of a member of a member)	er the laws of the State of Florida, i, the Florida street address of the re e identical. Or, in the case of a Florange(s) was/were authorized by an as otherwise provided in the articles mpany.	t is hereby gistered office rida limited affirmative vote s of organization
(Signature of a member)		
MILTON J. WORD (Printed or typed name of signee)		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I have by confirm that the limited liability co	' and agree to act in this capacity. the proper and complete performan my position as registered agent as I to merely reflect a change in the ro Impany has been notified in writing	I further agree to nce of my duties, provided for in egistered office of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00