## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000013173

1. Entity Name
TON OF PIZZA, LLC



Principal Place of Business

2448 S. VOLUSIA AVE. ORANGE CITY, FL 32763 Mailing Address

P.O. BOX 3790

DELAND, FL 32721-3790 US

**FILED** Mar 28, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE	DO	NOT	WR	ITE IN	<b>THIS</b>	SPACI
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03132008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 04-3751110 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WORD, MILTON J 2856 DOE RUN TRAIL ORANGE CITY, FL 32763

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE_Registered Agent signature required when reinstating)	DATE	
FILE After May	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000872914 04/10/08-80057-004 138.75	
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	A Marie Control	a programa negretar en en en en	
NAME	WORD, MILTON J			
STREET ADDRESS CITY-ST-ZIP	2448 S VOLUSIA ORANGE CITY, FL 32763		Charles to the artists of the office.	
TITLE				
NAME				
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TITLE NAME		The second of th	grant data di sanctiona di secondo di second	
STREET ADDRESS				

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

## IN THIS SPACE

TITLE NAME STREET ADDRESS CITY+ST-ZIP

plied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hate 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 producted empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the indicated on this report limited liability company

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIDNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #