

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L03000018670**

1. Entity Name  
**MARIE'S PIZZA, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:37

Principal Place of Business  
**1695 INDIANTOWN ROAD BAY 6  
JUPITER, FL 33458**

Mailing Address  
**1695 INDIANTOWN ROAD BAY 6  
JUPITER, FL 33458**

**DO NOT WRITE IN THIS SPACE**

03062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**27-0059770**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LANDIN, FRANCISCO  
1695 INDIANTOWN ROAD BAY 6  
JUPITER, FL 33458**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LANDEN, FRANCISCO  
1695 INDIANTOWN RD # 6  
JUPITER, FL 33458**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800075212328  
04/25/06--01003--012 \*\*55.00

05/26/06--01003--012 \*\*55.00

100075295391

**DO NOT WRITE  
IN THIS SPACE**

100075295391  
05/26/06--01003--012 \*\*50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4.20.06 561.7466700