## 2004 LIMITED LIABILITY COMPANY

## May 10, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L03000031465** 1. Entity Name YANKEE PIZZA, LLC 04-26-2004 90046 014 \*\*\*\*50.00 Principal Place of Business Mailing Address 2903 RODEO DRIVE 2903 RODEO DRIVE KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 20-*016&*742 Not Applicable Country \$5.00 Additional Zip ... Country Zip \_\_\_ 5: Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 Zip Code City 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. I JE ル 🗍 YGG TE Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR TITLE ☐ Change ☐ Addition TITLE NAME HERNANDEZ, RENE R NAME 2903 RODEO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34741 CITY-ST-ZIP ■ Addition MGR ☐ Change TITL F Delete TITLE ROMAN, RENE NAME 2903 RODEO DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP KISSIMMEE, FL 34741 CITY-ST-ZIP ☐ Addition TITLE Channe TITLE ☐ Delete NAME ROMAN, RENE NAME STREET ADDRESS 2903 RODEO DRIVE STREET ADDRESS KISSIMMEE, FL 34741 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete HERNANDEZ, RENE R NAME NAME 2903 RODEO DRIVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMÉE, FL 34741

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

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4-22-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE Dayuma Phone #