

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044917

Entity Name: KRAVIN PIZZA, LLC

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

19301 N.W. 8TH ST.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

8531 NW 186 ST
MIAMI, FL 33015

Current Mailing Address:

19301 N.W. 8TH ST.
PEMBROKE PINES, FL 33029

New Mailing Address:

20117 NW 9 CT
PEMBROKE PINES, FL 33029

FEI Number: 20-0407963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEPSON, RICHARD
20117 NW 9 CT
PEMBROKE PINES, FL 33029 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/MEMBERS:

Title: MGR () Delete
Name: MCKENNA, KEVIN
Address: 19301 N.W. 8TH ST.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: JEPSON, RICHARD
Address: 20117 NW 9 CT.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: BARCIA, VIDJET
Address: 7570 NW 176 ST
City-St-Zip: MIAMI, FL 33015

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 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 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: RICHARD JEPSON

MGRM

04/25/2005

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