2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050592

117 ST. GEORGE STREET

City-St-Zip: ST. AUGUSTINE, FL 32084 US

Address:

Entity Name: PIZZALLEY'S LLC

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	EORGE STRE ISTINE, FL 320			
Current Mailing Address:			New Mailing Address:	
	EORGE STRE ISTINE, FL 320			
FEI Number:	: 55-0878287	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	, CAROL GEORGE STI GUSTINE, FL			
	named entity se of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
SIGNATUR	RE:			
	Electron	ic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	SHELTRA, THO 117 ST. GEORG		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete SHELTRA, CAROL ANN 117 ST. GEORGE STREET ST. AUGUSTINE, FL 32084 US		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete SHELTRA, TRAVIS JAMES 117 ST. GEORGE STREET ST. AUGUSTINE, FL 32084 US		Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MGRM ()	Delete NE THOMAS	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: THOMAS CARL SHELTRA MGR 04/21/2009