

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086007

FILED
May 17, 2006
Secretary of State

Entity Name: CHARLIE'S PIZZA WINGS & THINGS LLC

Current Principal Place of Business:

934 S MAIN ST
BELLE GLADES, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

934 S MAIN ST
BELLE GLADES, FL 33430 US

New Mailing Address:

FEI Number: 75-3175231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PLAIA, SAL SR
934 S MAIN ST
BELLE GLADES, FL 33430 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/MANAGERS:

Title: MGR () Delete
Name: PLAIA, SAL SR
Address: 934 S MAIN ST
City-St-Zip: BELLE GLADES, FL 33430 US

Title: MGR () Delete
Name: PLAIA, LILLIAN
Address: 934 S MAIN ST
City-St-Zip: BELLE GLADES, FL 33430 US

Title: MGR () Delete
Name: PLAIA, ANNMARIE
Address: 934 S MAIN ST
City-St-Zip: BELLE GLADES, FL 33430 US

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 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.

SIGNATURE: SAL PLAIA

MGR

05/17/2006

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