2007 LIMITED LIABILITY COMPANY

Mar 06, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # L05000023818 03-06-2007 90075 022 ****50.00 1. Entity Name LLA, LLC Principal Place of Business Mailing Address CATANA 1834 N. BELCHER RD 1834 N. BELCHER RD CLEARWATER, FL 33765 CLEARWATER, FL 33765 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 20-2459294 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHN LOUKATERIS GEORGE G PAPPAS PA Street Address (P.O. Box Number is Not Acceptable) 901 N HERCULES AVE 1834 N. BELCHER PD CLEARWATER, FL 33765 City CLEARWATER for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named equity subprits this the obligations of reg SIGNATURE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGRM MGRM TITLE Change ☐ Addition TITLE ☐ Delete QUEEN'S PIZZA, INC NAME QUEEN'S PIZZA, INC. NAME 1868 RIDGEWAY DR 1801 SUNSET POINT ROAD STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33755 CITY-ST-ZIP CLEARWATER, FL 34625 CITY-ST-ZIP HERM ☐ Delete TITLE **Change** Addition LOUKATARIS, JOHN 4688 BRAYTON TERRACE SOUTH LOUKATARIS, JOHN NAME NAME **468 BRAYTON TERRACE SOUTH** STREET ADDRESS STREET ADDRESS PALM HARBOR, FL 34685 CITY-ST-ZIP PALM HARBOR, FL CITY-ST-70P MGRM Addition ☐ Delete TITLE Change Change TITLE LOULATARIS, PANTELIS 520 CYPRESS BEND LOUKATARIS, PANTELIS NAME NAME 520 CYPRESS BEND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-7IP OLDSHAR, FL 34677 TITLE ☐ Delete TITLE ☐ Change Addition ATHANASATOS, ANTHONY NAME MARKE STREET ADDRESS STREET ADDRESS 1719 BAYHILL DRIVE CITY-ST-ZIP OLDSMAR, FL 34677 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME SIREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filippooles 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

JOHN LOUKATARIS MANAGING MEMBERZ FILED