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Secretary of State

03-17-2006 90028 016 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

30007150

03072006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000059291

1. Entity Name
J & M PIZZA LLC

Principal Place of Business	Mailing Address
6 LYON COURT NEWARK, DE 19702	6 LYON COURT NEWARK, DE 19702

2. Principal Place of Business		3. Mailing Address	
280 S INDIANA AVE		280 S. INDIANA AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ENGLEWOOD, Fl		City & State: ENGLEWOOD, Fl	
Zip: 34223	Country: USA	Zip: 34223	Country: USA

4. FEI Number: 20-3084852 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ICARD, MERRILL, ET AL
ATTN: JOHN J. WASKOM
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER marcelo C Coelho 280 S. Indiana AVE Englewood, Fl 34223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: Marcelo C Coelho 3/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #