

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90229 023 \*\*\*\*50.00

00000000



1st MOORE CR2E083 (10/05)

<b>DOCUMENT # L05000069298</b> 1. Entity Name <b>WOOD FIRED PIZZA LLC</b>																																																																																																																	
Principal Place of Business <b>1037 SOUTH FLORIDA AVE. SUITE 135 LAKELAND FL 33803</b>			Mailing Address <b>1037 SOUTH FLORIDA AVE. SUITE 135 LAKELAND FL 33803</b>																																																																																																														
2. Principal Place of Business <b>1031 S. COMBEE RD</b>		3. Mailing Address  																																																																																																															
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																															
City & State <b>LAKELAND FL</b>		City & State 		4. FEI Number <b>20-3092045</b>																																																																																																													
Zip <b>33801</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent <b>WOOD, LAWRENCE 1037 SOUTH FLORIDA AVE. SUITE 135 LAKELAND FL 33803</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																														
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  (M P) <span style="float: right;">02-17-06</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																																																																																																																	
<div style="display: flex;"> <div style="flex: 1;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WOOD, LAWRENCE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>122 EAST BEACON</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LAKELAND FL 33803</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DEMATO, MIKE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1037 SOUTH FLORIDA #135</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LAKELAND FL 33803</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	WOOD, LAWRENCE		STREET ADDRESS	122 EAST BEACON		CITY - ST - ZIP	LAKELAND FL 33803		TITLE	MGR	<input type="checkbox"/> Delete	NAME	DEMATO, MIKE		STREET ADDRESS	1037 SOUTH FLORIDA #135		CITY - ST - ZIP	LAKELAND FL 33803		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete																																																																																																															
NAME	WOOD, LAWRENCE																																																																																																																
STREET ADDRESS	122 EAST BEACON																																																																																																																
CITY - ST - ZIP	LAKELAND FL 33803																																																																																																																
TITLE	MGR	<input type="checkbox"/> Delete																																																																																																															
NAME	DEMATO, MIKE																																																																																																																
STREET ADDRESS	1037 SOUTH FLORIDA #135																																																																																																																
CITY - ST - ZIP	LAKELAND FL 33803																																																																																																																
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY - ST - ZIP																																																																																																																	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <span style="float: right;">02-17-06 863-686-8900</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																																																																																																	



ATTACHMENT

30003520

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2006

WOOD FIRED PIZZA LLC  
1037 SOUTH FLORIDA AVE.  
SUITE 135  
LAKELAND, FL 33803

RECEIVED

DATE 3/17

Subject: **WOOD FIRED PIZZA LLC**

Reference Number:

**L05000069298**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/AL

ANNUAL REPORTS SECTION