

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90092 011 \*\*\*\*50.00

**DOCUMENT # L05000069469**

1. Entity Name

PARADISE GOURMET PIZZA LLC



Principal Place of Business

6230 PAINTED LEAF LANE  
NAPLE FL 34116  
US

Mailing Address

6230 PAINTED LEAF LANE  
NAPLE FL 34116  
US



2. Principal Place of Business

5551 Golden Gate Pkwy

3. Mailing Address

5551 Golden Gate Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

Naples, FL

City & State

Naples, FL 34116

4. FEI Number

32-0155175

Applied For

Not Applicable

Zip

34116

Country

USA

Zip

34116

Country

USA

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CROMER, BRIAN  
6230 PAINTED LEAF LANE  
NAPLE FL 34116

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CROMER, BRIAN	
STREET ADDRESS	6230 PAINTED LEAF LANE	
CITY - ST - ZIP	NAPLE FL 34116	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CROMER, CHRIS	
STREET ADDRESS	6230 PAINTED LEAF LANE	
CITY - ST - ZIP	NAPLE FL 34116	
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"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

Chris A. Cromer

9/5/06

239-352-2755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #