

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000084080

1. Entity Name

GAINESVILLE PIZZA PARTNERS, L.L.C.



FILED

07 NOV 20 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3246 SW 35TH BLVD.
GAINESVILLE, FL 32608 US

Mailing Address

3246 SW 35TH BLVD.
GAINESVILLE, FL 32608 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10172007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

20-3356787

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARDS, GARY
3706 N.W. 43RD STREET
GAINESVILLE, FL 32606

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME EDWARDS, GARY
STREET ADDRESS 3246 SW 35TH BLVD.
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700112391867
CITY-ST-ZIP 11/19/07--01010--006 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #