

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90342 041 ****50.00

DOCUMENT # L06000033091

1. Entity Name
PIZZA EXPRESS, LLC



Principal Place of Business
**20020 VETERANS BLVD.
#22
PORT CHARLOTTE, FL 33954 US**

Mailing Address
**20020 VETERANS BLVD.
#22
PORT CHARLOTTE, FL 33954 US**

2. Principal Place of Business - No P.O. Box #
18101 MURDOCK CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
18151 MURDOCK CIRCLE
Suite, Apt. #, etc.



01112007 Chg-LLC CR2E083 (12/06)

City & State
PORT CHARLOTTE, FL
Zip
33948 Country
USA

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PORT CHARLOTTE, FL
Zip
33948 Country
USA

4. FEI Number **75-3212774** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CUGINI, DANIEL M
20020 VETERANS BLVD.
#22
PORT CHARLOTTE, FL 33954**

7. Name and Address of New Registered Agent

Name **CUGINI, DANIEL M**
Street Address (P.O. Box Number is Not Acceptable)
18151 MURDOCK CIRCLE
City **Port Charlotte** FL Zip Code **33948**

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 not stating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
CUGINI, DANIEL M
20020 VETERANS BLVD., #22
PORT CHARLOTTE, FL 33954** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MANNINO, GIUSEPPE
12768 SW PEMBROKE CIRCLE N
LAKE SUZY, FL 34269** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Cugini, Daniel M. ☒ Change ☐ Addition
~~18101~~ 18151 MURDOCK CIRCLE
Port Charlotte, FL 33948**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Mannino, Giuseppe ☒ Change ☐ Addition
~~18101~~ 18101 MURDOCK CIRCLE
Port Charlotte, FL 33948**

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

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

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☐ Change ☐ Addition

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☐ 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: **DANIEL M CUGINI** **1/11/07** **791 629-1115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #