

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068928

FILED
Apr 15, 2008
Secretary of State

Entity Name: TNT PIZZA, L.L.C.

Current Principal Place of Business:

303 N.E. 3RD AVENUE
UNIT 4
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

303 N.E. 3RD AVENUE
UNIT 4
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 20-5351035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUKE, TIMOTHY
303 N.E. 3RD AVENUE
UNIT 4
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

MARANO, ANNA
105 NE 7TH TER
CAPE CORAL, FL 33909 US

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.

SIGNATURE: ANNA MARANO

04/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARANO, TULLIO
Address: 105 N.E. 7TH TERRACE
City-St-Zip: CAPE CORAL, FL 33909

Title: MGRM () Delete
Name: MARANO, ANNA
Address: 105 N.E. 7TH TERRACE
City-St-Zip: CAPE CORAL, FL 33909

Title: MGRM (X) Delete
Name: LUKE, TIMOTHY
Address: 15681 SONOMA DRIVE, UNIT 108
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANNA MARANO

MGRM

04/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date