

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90102 007 \*\*\*143.75

DOCUMENT # L06000074158

1. Entity Name

PALM BEACH PIZZA, LLC



Principal Place of Business

144 HAMMOCKS DRIVE  
W. PALM BEACH FL 33413  
US

Mailing Address

144 HAMMOCKS DRIVE  
W. PALM BEACH FL 33413  
US

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

3. Mailing Address

PO Box 6577

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LAKE WORTH, FLA.

City & State

City & State

Zip

Country

Zip

Country

33466

PALM BEACH

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-5327034

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

BIRKENMEYER, JOSEPH  
144 HAMMOCKS DRIVE  
W. PALM BEACH FL 33413

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 \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BIRKENMEYER, JOSEPH  
144 HAMMOCKS DRIVE  
W. PALM BEACH FL 33413 ☐ Delete

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

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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:

*Joseph Birkenmeyer* JOSEPH BIRKENMEYER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/17/08

Date

(561) 965-7265

Daytime Phone #