

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000098063

1. Entity Name
J. C. PIZZA, LLC



Principal Place of Business

**306 SR 60 EAST
LAKE WALES, FL 33853**

Mailing Address

**2115 SOUTH FLORIDA AVE.
LAKELAND, FL 33803**

DO NOT WRITE IN THIS SPACE



04252008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-5676874

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CLEGHORN, THOMAS J JR
2115 SOUTH FLORIDA AVE.
LAKELAND, FL 33803**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CLEGHORN, THOMAS J JR
2115 SOUTH FLORIDA AVE.
LAKELAND, FL 33803**

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U000000936039
05/23/08-80096-002-138.75

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4125708

Date

Daytime Phone #