

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000109863**

1. Entity Name

BRUNCHIES NEW YORK DELI AND PIZZA, LLC



Principal Place of Business

231 BROADWAY  
KISSIMMEE, FL 34741 US

Mailing Address

3440 PERCHING ROAD  
ST. CLOUD, FL 34772 US



01112008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

74-0847888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAIVES, LYNN  
3440 PERCHING ROAD  
ST. CLOUD, FL 34772

**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**

U00000786747  
01/17/08-80054-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
GULTZ, LAUREN  
3440 PERDING RD  
SAINT CLOUD, FL 34772

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
TASHMAN, JOYCE  
3440 PERCHING RD  
SAINT CLOUD, FL 34772

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
MGRM  
SAIVES, LYNN  
3440 PERCHING RD  
SAINT CLOUD, FL 34772

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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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

Date

Daytime Phone #