2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

David Willandel

Secretary of State DOCUMENT # L07000000394 01-22-2008 90122 026 ***143.75 1. Entity Name VILLAGE PIZZA LLC Mailing Address Principal Place of Business 30000000 1061 W. SR 434 1061 W. SR 434 WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANPERT, DAVID W. CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET. TALLAHASSEE, FL 32301 342 Princeton Drive Miedo 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 memo of registered agent and tide if explicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWID FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Delete TITLE ☐ Change TITLE ☐ Addition VANPELT, DAVID W MALIF MALE 1061 W. SR 434 STREET ADDRESS STREET ADDRESS WINTER SPRINGS, FL 32708 CITY-ST-7IP CITY-51-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition VANPELT, DEBRALEE KALE STREET ADDRESS 342 PRINCETON DRIVE STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 CITY-ST-ZIP MLE ☐ Delete TILLE ☐ Channe ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Change - Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-SI-ZP ☐ Change ☐ Addition MILE Deleta MALE MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-78P ☐ Deleta ☐ Addition NAME MARKET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

1/18/08 407-965-8990

Mar 03, 2008 8:00 am