

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000011470

1. Entity Name
GASPARILLA PIZZA, LLC



Principal Place of Business
13513 GASPARILLA ROAD
UNIT 504
PLACIDA, FL 33946 US

Mailing Address
13513 GASPARILLA ROAD
UNIT 504
PLACIDA, FL 33946 US

2. Principal Place of Business - No P.O. Box #
4391 Aiden Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Port, FL

City & State

Zip
34287

Country
US

Zip

Country

4. FEI Number

20-8353374

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGG, JAMES H
13513 GASPARILLA ROAD
UNIT 504
PLACIDA, FL 33946

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 MGRM
NAME GREGG, JAMES H
STREET ADDRESS 13513 GASPARILLA ROAD, UNIT 504
CITY-ST-ZIP PLACIDA, FL 33946

Delete

Change Addition

TITLE MGRM
NAME GREGG, LISA A
STREET ADDRESS 13513 GASPARILLA ROAD, UNIT 504
CITY-ST-ZIP PLACIDA, FL 33946

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-10-07

941-423-0555

Date

Daytime Phone #