


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90016 012 \*\*\*138.75

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>DOCUMENT # L07000011470</b><br>1. Entity Name<br><b>GASPARILLA PIZZA, LLC</b>   |  |   |   |   |  |
| Principal Place of Business<br><b>13513 GASPARILLA ROAD</b><br><b>UNIT 504</b><br><b>PLACIDA, FL 33946 US</b>  |  |   | Mailing Address<br><b>13513 GASPARILLA ROAD</b><br><b>UNIT 504</b><br><b>PLACIDA, FL 33946 US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>4391 Aiden Lane</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>Suite, Apt. #, etc. |   |  |  |
| City & State<br><b>North Port FL</b>   |  | City & State                              |   | 4. FEI Number<br><b>20-8353374</b>   |  |
| Zip<br><b>34287</b>  |  | Country<br><b>US</b>                      |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GREGG, JAMES H</b><br><b>13513 GASPARILLA ROAD</b><br><b>UNIT 504</b><br><b>PLACIDA, FL 33946</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |   |   | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>GREGG, JAMES H<br>13513 GASPARILLA ROAD, UNIT 504<br>PLACIDA, FL 33946 | <input type="checkbox"/> Delete           |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>GREGG, LISA A<br>13513 GASPARILLA ROAD, UNIT 504<br>PLACIDA, FL 33946  | <input type="checkbox"/> Delete           |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete           |   |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete           |   |  |  |
| 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. |  |   |   |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |   |   | 1-10-07 941-423-0555<br><small>Date Daytime Phone #</small>  |  |

**60002270**



01102008 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

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.

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**Make check payable to**  
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**10. ADDITIONS/CHANGES**

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