

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000089851

1. Entity Name
H & A PIZZA LLC



FILED

08 NOV -7 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10162008 REIN-LLC CR2E101 (1/07)

4. FEI Number **26-0837790** 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

ELEBEYALI, HESHAM Y
10359 CROSS CREEK BLVD.
TAMPA, FL 33647

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 January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME ELEBEYALI, HESHAM
STREET ADDRESS 10359 CROSS CREEK BLVD.
CITY-ST-ZIP TAMPA, FL 33647

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

10/16/08

Date

813.973.4343

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2008

H & A PIZZA LLC
10359 CROSS CREEK BLVD.
TAMPA, FL 33647

SUBJECT: H & A PIZZA LLC
Ref. Number: L07000089851

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for H & A PIZZA LLC and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 508A00054632