

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000101530

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** AUTHENTIC PIZZA OF OVIEDO, LLC

**Current Principal Place of Business:**

1977 ALAFAYA TRAIL  
SUITE E  
OVIEDO, FL 32765

**New Principal Place of Business:**

1977 ALAFAYA TRAIL  
SUITE 1041  
OVIEDO, FL 32765

**Current Mailing Address:**

86 BROOKSIDE TERRACE  
NORTH CALDWELL, NJ 07006

**New Mailing Address:**

FEI Number: 26-3635074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AJMO, GLENN E  
19239 N. DALE MABRY HWY  
SUITE 312  
LUTZ, FL 33548 US

**Name and Address of New Registered Agent:**

AJMO, GLENN E  
12472 LAKE UNDERHILL RD.  
#208  
ORLANDO, FL 32828 US

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.

SIGNATURE: GLENN AJMO

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AJMO, GLENN E  
Address: 86 BROOKSIDE TERRACE  
City-St-Zip: NORTH CALDWELL, NJ 07006 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GLENN AJMO

MGRM

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date