

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000049286

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Entity Name:** UNIVERSITY PIZZA AND PASTA DELIVERY, LLC

**Current Principal Place of Business:**

2320 SW 31ST PLACE  
SUITE 2  
GAINESVILLE,, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

2600 SW WILLISTON ROAD  
APT. 1303  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 27-0500678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEWES, MATTHEW B  
2600 SW WILLISTON RD  
APT 1303  
GAINESVILLE, FL 32608 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HEWES, MATTHEW B  
**Address:** 2600 SW WILLISTON RD APT 1303  
**City-St-Zip:** GAINESVILLE, FL 32608

**Title:** MGRM  
**Name:** FRASE, RICHARD J JR  
**Address:** 2600 SW WILLISTON ROAD APT. 1805  
**City-St-Zip:** GAINESVILLE, FL 32608

I hereby 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: RICHARD J. FRASE

MGRM

01/21/2011

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