

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000139240

**FILED**  
**Nov 09, 2013**  
**Secretary of State**

**Entity Name:** SLICE OF HEAVEN PIZZA LLC.

**Current Principal Place of Business:**

1366 ALT. 19 N  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

1366 ALT. 19 N  
HOLIDAY, FL 34691

**New Mailing Address:**

**FEI Number:** 90-0902817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALASI, ANDI  
1366 ALT. 19 N  
HOLIDAY, FL 34691 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:** ANDI MALASI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MALASI, ANDI  
**Address:** 1366 ALT. 19 N  
**City-St-Zip:** HOLIDAY, FL 34691

**Title:** MGR  
**Name:** PACOLLI, SAMI  
**Address:** 1366 ALT. 19 N  
**City-St-Zip:** HOLIDAY, FL 34691

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:** ANDI MALASI

MGRN

11/09/2013

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