

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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2007-10-11 11:33

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000002615

GAINSVILLE PIZZA, L.C.  
2503 HIGHWAY 60 EAST  
VALRICO FL 33594

1a. Principal Place of Business Address

2503 HIGHWAY 60 EAST  
VALRICO FL 33594

2 Principal Place of Business

4928 NW 39<sup>th</sup> Ave

Suite, Apt. #, etc.

Gainesville, FL

City & State

32606

Zip

Country

U.S.

2a. Mailing Address

2503 Hwy 60 E.

Suite, Apt. #, etc.

Valrico FL

City & State

33594

Zip

Country

U.S.

3. Date Organized or Qualified

11/05/1998

3a. State of Formation

FL

4. FEI Number

59-3544138

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

JEFFRIES, C. COLE JR.  
750 WEST LUMSDEN  
BRANDON FL

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	KAZBOUR, TALAL	2503 HIGHWAY 60 EAST	VALRICO FL

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\*\*\*\*188.75 \*\*\*\*188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND THE CERTIFICATE NAME OF SIGNER (MANAGING MEMBER OR MANAGER)

Date

Signature Block