2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2016
Secretary of State
CC8898399178

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Entity Name: MPC PIZZA, LLC

Current Principal Place of Business:

C/O HINKLE, RICHTER & RHINE
777 EAST ATLANTIC AVE SUITE 226
DELRAY BEACH, FL 33483

Current Mailing Address:

C/O HINKLE, RICHTER & RHINE
777 EAST ATLANTIC AVE SUITE 226
DELRAY BEACH, FL 33483 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLACKFRIARS MANAGEMENT US, LLC
C/O HINKLE, RICHTER & RHINE
777 EAST ATLANTIC AVE SUITE 226
DELRAY BEACH, FL 33483 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	BLACKFRIARS MANAGEMENT US, LLC
Address	C/O HINKLE, RICHTER & RHINE 777 EAST ATLANTIC AVE SUITE 226
City-State-Zip:	DELRAY BEACH FL 33483

Title	MGR
Name	CLIFFORD, HOLLY CMS
Address	1034 S OCEAN BLVD
City-State-Zip:	DELRAY BEACH FL 33483

Title	MGR
Name	CLIFFORD, MALORY PMR
Address	1034 S OCEAN BLVD
City-State-Zip:	DELRAY BEACH FL 33483

Title	MGR
Name	SIOW, ALETHEA CMS
Address	1034 S OCEAN BLVD
City-State-Zip:	DELRAY BEACH FL 33483

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MALORY CLIFFORD MGR 04/19/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date