

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001843

**FILED**  
**Apr 25, 2009**  
**Secretary of State**

**Entity Name:** 7 DAYS FOOD STORE OF SEMINOLE, L.C.

**Current Principal Place of Business:**

8532 SEMINOLE BOULEVARD  
SEMINOLE, FL 33777

**New Principal Place of Business:**

8532 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772

**Current Mailing Address:**

8532 SEMINOLE BOULEVARD  
SEMINOLE, FL 33777

**New Mailing Address:**

8532 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772

**FEI Number:** 59-3536420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITTEMORE, CARRIGAN  
3910 NORTHDALÉ BOULEVARD  
SUITE 100  
TAMPA, FL 33624 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 ( ) Delete  
Name: MAHMOOD, JALAL UDDIN  
Address: 8532 SEMINOLE BLVD.  
City-St-Zip: SEMINOLE, FL 33777

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MAHMOOD, JALAL UDDIN  
Address: 8532 SEMINOLE BLVD.  
City-St-Zip: SEMINOLE, FL 33772

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: JALAL UDDIN MAHMOOD

MGRM

04/25/2009

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