

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000222836

**Entity Name:** NWFL C STORES LLC

**Current Principal Place of Business:**

384 DISTRIBUTION PKWY  
COLLIERVILLE, TN 38017

**Current Mailing Address:**

384 DISTRIBUTION PKWY  
COLLIERVILLE, TN 38017

**FEI Number:** 81-4657480

**Certificate of Status Desired:** No

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

HASNANI, IMRAN  
119 MARLIN CIRCLE  
PANAMA CITY, FL 32408 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 AMBR  
Name AMAN, ANWAR  
Address 3715 CLASSIC DRIVE SOUTH  
City-State-Zip: MEMPHIS TN 38125

Title AMBR  
Name AMAN, SARDAR  
Address 10521 HAWK INLET DR  
City-State-Zip: COLLIERVILLE TN 38017

Title AMBR  
Name DEVJI, RAFIQ  
Address 8916 BENT GRASS CIRCLE  
City-State-Zip: MEMPHIS TN 38125

Title AMBR  
Name KHERAJ, BADRUDDIN  
Address 3539 CLASSIC DRIVE  
City-State-Zip: MEMPHIS TN 38125

Title AMBR  
Name HASNANI, IMRAN  
Address 119 MARLIN CIRCLE  
City-State-Zip: PANAMA CITY FL 32408

*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:** ANWAR AMAN

**OFFICER**

**03/22/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date