

2001 UNIFORM BUSINESS REPORT (UBR)

0023785 AF

DOCUMENT # L00000010945

1. Entity Name

FLORIDA SURPLUS GROCERY, LLC

FILED

01 MAY 31 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

107 SW LION LANE
PORT ST. LUCIE FL 34953

Mailing Address

107 SW LION LANE
PORT ST. LUCIE FL 34953



DO NOT WRITE IN THIS SPACE

MLJH

2. Principal Place of Business

696 SW Violet Ave
Suite, Apt. #, etc.

3. Mailing Address

696 SW Violet Ave
Suite, Apt. #, etc.

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

4. FEI Number

65-1039571

Applied For

Not Applicable

Zip

34983 FLUCIE

Country

Zip

34983 ST. LUCIE

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, GEORGE
107 SW LION LANE
PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

Name Dale Galiano

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

696 SW Violet Ave

City PORT ST. LUCIE

FL

Zip Code 34983

8. 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

[Signature]

DALE GALIANO

Signature of agent or principal name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

700004430287--8

-06/19/01--01083--015

*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE member
NAME Dale Galiano
STREET ADDRESS 696 SW Violet Ave
CITY-ST-ZIP PORT ST LUCIE FL 34983

☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE:

[Signature] RE DALE GALIANO

561-336-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)