2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000005014

1. Entity Name
WINTHROP GROCERY, LLC

Principal Place of Business	Mailing Address
1206 MILLENNIUM PARKWAY, SUITE 2000 BRANDON, FL 33511	PO BOX 2638 BRANDON, FL 33509-2638

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
59-3735622		Not Applicable
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, JOHN E
1206 MILLENNIUM PARKWAY, SUITE 2000
BRANDON, FL 33511

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IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SULLIVAN, JOHN E
STREET ADDRESS	1206 MILLENNIUM PKWY STE 2000
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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04/17/08-80041-015 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   JOHN E. SULLIVAN 4/3/08   813-681-3480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #