## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000015060

1. Entity Name

CONWAY FOOD MART, L.L.C.



## **FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90036 018 \*\*\*\*50.00

					N. T. S.						
Principal Place of Business 3310 S. CONWAY STREET			Mailing Address			1			<b>a</b>	e cA .	
ORLANDO FL 32812			3310 S. CONWAY STREET ORLANDO FL 32812			2002250					
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	☐ CHECK HERE	20 F IF MAKING	0235 CHANGES	86	
City & State			City & State			4. FEI Number 59-3741026 Applied For Not Applicable					7
Zip Country			Zip Country			5. Certifica	te of Status Desired		\$5.00 Ad Fee Require	ditional	1
	6. Name and Add	ress of Current Re	gistered Agent			7. Name ar	nd Address of New I	Registered A	gent		]
SHA	NKH, ABDUL N				Name						Ì
331	0 S. CONWAY STRE ANDO FL 32812	ET	and the second of the second o		Street Address	(P.O. Box Num	ber is Not Acceptable	е)			
		'							,		
					City			FL	Zip Cod		
<ol><li>The above the obligat</li></ol>	named entity submits ions of registered ager	this statement for th t.	e purpose of changing its	registered (	office or registe	red agent, or b	oth, in the State of Fi	orida. I am fa	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed nar	ne of registered agent and	title if applicable. (NOT	E: Registered Ag	ent signature require	d when reinstating)	<del></del> -	DATE			
	•		FILE NO	OW!!! FE	E IS \$50.00		TITE BELLEV				1
			Make Check Payab	le to Flori e By May		nt of State					
9.	MAN	IAGING MEMBERS	ř	10.	-		ADDITIONS	/CHANGES			$\frac{1}{2}$
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NAME	SHAIKH, ABDUL I			NAME							3
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I1. I bereby o	ertify that the information	on europlied with this	filing does not qualify for	the event	ion stated in Ca	otion 110 07/2	Vi) Elevide Ctatuta				1

Instance of the information supplied with this filling 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:

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