

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018976

Entity Name: POMPAÑO FOOD MART, LLC

FILED
Feb 14, 2008
Secretary of State

Current Principal Place of Business:

329 N. FEDERAL HWY
POMPAÑO, FL 33062

New Principal Place of Business:

Current Mailing Address:

264 NW 102 TERRACE
PLANTATION, FL 33324

New Mailing Address:

5504 NW 77TH TERRACE
CORAL SPRINGS, FL 33067

FEI Number: 16-1618117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADHWA, ASHWANI K
264 NW 102 TERRACE
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

WADHWA, ASHWANI K
5504 NW 77TH TERRACE
CORAL SPRINGS, FL 33067 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:

02/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WADHWA, POONAM
Address: 264 NW 102ND TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: WADHWA, ASHWANI
Address: 264 NW 102 TERRACE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WADHWA, POONAM
Address: 5504 NW 77TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR (X) Change () Addition
Name: WADHWA, ASHWANI
Address: 5504 NW 77TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33067

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: ASHWANI K. WADHWA

MGR

02/14/2008

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