

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

03-24-2008 90231 026 ***138.75

DOCUMENT # L02000032738 1. Entity Name SHIV SHAKTI FOOD STORES, L.L.C.					
Principal Place of Business 3800 N. WASHINGTON BLVD., SARASOTA, FL 34234			Mailing Address 3800 N. WASHINGTON BLVD., SARASOTA, FL 34234		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 55-0808887	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent J. KEVIN DRAKE 1432 FIRST STREET C/O DOOLEY & DRAKE P.A. SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, HARESH N 69 EDISON ROAD LAKE HOPATCONG, NJ 07849	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, HARESH N 68 LINCOLN ST. JERSEY CITY N.J. - 07307	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, ASHOKBHAI 3800 N WASHINGTON BLVD SARASOTA, FL 34234	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition			
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 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 _____			3-18-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		