LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000032738

1. Entity Name

SIGNATURE:

SHIV SHAKTI FOOD STORES, L.L.C.



Ashokhhai Patel, Managing Member (941) 351-2960

Daytime Phone #

	DO NOT WRITE	IN THIS SP	ACE	
2. Principal Place of Business 3800 N. Washington Blvd. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & Star	a, Florida	City & State		4. FEI Number Applied For S5–0808887 Not Applicable
Zip 342.	Country USA	Zip	Country	35. Certificate of Status Desired \$5.00 Additional Fee Required
	DO NOT W IN THIS SP		Street Address	7: Name and Address of Current Registered Agent J. Kevin Drake, Esq. dress (P.O. Box Number is Not Acceptable) C/O Dooley & Drake, P.A. 1432 First Street
8. The above named entity upmits 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 political agent. SIGNATURE J. Kevin Drake, Esq.: J. Action Drake agent and title if applicable.				
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1				
	MGRM Haresh N. Patel 69 Edison Road, Lake		TITLE NAME STREET ADDRESS CITY-ST-ZIF	
STREET ADDRESS CITY-ST-ZIP	MGRM Ashokbhai Patel 4514 3rd St. Cir. W.	, Bradenton, FFL 34205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZE-	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY: ST-ZIP	IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY: ST-ZIP	
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.				

MANAGER, OR AUTHORIZED REPRESENTATIVE