

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90066 033 ****50.00

DOCUMENT # L03000025520 1. Entity Name NAFS L.L.C.					
Principal Place of Business FAMOUS DISCOUNT DELI & GROCERIES 1692 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442			Mailing Address NAFS LLC 1692 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02242005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 57-1183291				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BERGER, DAVID S 100 NORTH BISCAYNE BOULEVARD SUITE 2608 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name NAFS LLC Street Address (P.O. Box Number is Not Acceptable) 1692 W. HILLSBORO BLVD. City DEERFIELD BEACH FL Zip Code 33442		
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 <u><i>Nizar A. Dobani</i></u> NIZAR A. DOBANI JUL 13/2005 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOBANI, NIZAR 1151 NW 91 AVENUE #9-36 CORAL SPRINGS, FL 33071	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOBANI, SHAMIM 1151 NW 91 AVENUE #9-36 CORAL SPRINGS, FL 33071	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOBANI, NAZEEM A 1151 NW 91 AVENUE #9-36 CORAL SPRINGS, FL 33071	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.					
SIGNATURE: <u><i>Nizar A. Dobani</i></u> NIZAR A. DOBANI JUL 13/2005 (954)360-0309 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					