

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025520

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: NAFS L.L.C.

## Current Principal Place of Business:

FAMOUS DISCOUNT DELI & GROCERIES  
1692 WEST HILLSBORO BLVD  
DEERFIELD BEACH, FL 33442

## New Principal Place of Business:

1005 WINDSONG CIRCLE  
GLENDALE HEIGHTS, IL 60139

## Current Mailing Address:

NAFS LLC  
1005 WINDSONG CIRCLE  
GLENDALE HEIGHTS, IL 60139

## New Mailing Address:

FEI Number: 57-1183291      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOBANI, NIZAR  
NAFS LLC  
1692 W HILLSBORO BLVD  
DEERFIELD BEACH, FL 33442 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DOBANI, NIZAR  
Address: 1006 WINDSONG CIRCLE  
City-St-Zip: GLENDALE HEIGHTS, IL 60139 US

Title: MGRM ( ) Delete  
Name: DOBANI, SHAMIM  
Address: 1006 WINDSONG CIRCLE  
City-St-Zip: GLENDALE HEIGHTS, IL 60139 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NIZAR DOBANI

MGRM

03/26/2009

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