

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000008832**

1. Entity Name  
**EXCEL FOOD MART, L.L.C**



Principal Place of Business  
**2262 HARBOR VIEW DR  
DUNEDIN, FL 34698**

Mailing Address  
**2262 HARBOR VIEW DR  
DUNEDIN, FL 34698**



04022006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**59-3580917**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MANDANI, KHAIRUNISSA  
2262 HARBOR VIEW DR  
DUNEDIN, FL 34698**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2006**

U000000500184  
04/25/06-80012-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGR<br>MANDANI, KHAIRUNISSA<br>2262 HARBOR VIEW DR<br>DUNEDIN, FL 34698 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Khairunissa Mandani*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

4/10/06

Daytime Phone