

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ FILED
Apr 26, 2005 8:00 am
Secretary of State

04-05-2005 90008 030 ****50.00

DOCUMENT # L04000009189 1. Entity Name DIXIE SUPERMARKET OF NORTH MIAMI, LLC					
Principal Place of Business 14686 WEST DIXIE HWY. MIAMI, FL 33161			Mailing Address 14686 WEST DIXIE HWY. MIAMI, FL 33161		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SARKAR, SADHAN 14686 WEST DIXIE HWY. MIAMI, FL 33161			Name Faruque Ahmed Khan Street Address (P.O. Box Number is Not Acceptable) 14686 West Dixie Hwy. City Miami FL Zip Code 33161		
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 except the obligations of registered agent. SIGNATURE <u><i>Faruque Ahmed Khan</i></u> DATE <u>4/1/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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	MGR SARKAR, SADHAN 14686 WEST DIXIE HWY. MIAMI, FL 33161	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Faruque Ahmed Khan 14686 West Dixie Hwy. Miami, FL 33161	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 exemption stated in Section 119.07(3)(f), 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>Faruque Ahmed Khan</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>4/1/05</u> Daytime Phone # <u>305-949-1388</u>			

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4. FEI Number 86-1095196 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required