

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90374 004 ****50.00

DOCUMENT # L04000026551 1. Entity Name 3-2-1 DOLLAR STORE, LLC					05-02-2005 90374 004 ****50.00			
Principal Plac 18815 SW 1 MIAMI, FL 3		Mailing Address 18815 SW 117 AVE MIAMI, FL 33157						
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04182005	Chg-LLC	CR2E083 (10/03)	
City & State		City & State			4. FEI Numi	2 133409		pplied For
Zip	Country	Zip Count		itry	5. Certificate of Status Desired Status Desired Fee Required			
	6. Name and Address of Current	Registered Agent	legistered Agent Name		7. Name and Address of New Registered Agent			
BABANI, RAJU J 18815 SW 117 AVE MIAMI, FL 33157					(P.O. Box Numl	ber is Not Acceptable)	
	\bigcirc			City			FL Zip Coo	ie
8. The above named entity submits 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 gent.								
SIGNABURE								
Filling Ree is \$50.00 Due by May 1, 2005							e check payable to Department of Stat	te
9. MANAGING MEMBER		RS/MANAGERS	/MANAGERS 10.			ADDITIONS/	CHANGES	
TITLE NAME	MGR NANDWANI, MRIAM U	☐ Delete TIT		I			☐ Change	Addition
STREET ADORESS CITY-ST-ZIP	8815 SW 117 AVE MAMI, FL 33157			ET ADORESS -ST-ZIP				
INTE	MGR	☐ Delete					☐ Change	☐ Addition
NAME STREET ADORESS	BABANI, RAJU J 18815 SW 117 AVE	15 SW 117 AVE		E Et address				
CITY-ST-ZIP	MIAMI, FL 33157		CITY	-ST-ZIP				
NAME	☐ Delete			E			Change	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
THILE	☐ Delete		IIILI			,	Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP				ET ADDRESS				
TITLE		☐ Delete	TITLE	-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAM STRE	I .			Onlings	
TITLE		□ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS		During	NAM STRE	E ET ADDRESS			<u> — Спанде</u>	C VOORING
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								
11. I hereby certify that the information subclied 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 tryle 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 received of rustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: A WO OF SIGNATURE AND TYPED GRAPH MEDITAL MANAGING MEMBER MANAGER OR AUTHORITED DEPOSEDITATIVE								