


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000060205

1. Entity Name
SUPERMARKET SERVICES, LLC



Principal Place of Business Mailing Address

4100 S.W. 47TH AVE. 4100 S.W. 47TH AVE.
 DAVIE, FL 33314 DAVIE, FL 33314

DO NOT WRITE IN THIS SPACE



01292008No Chg-LLC CR2E083 (12/07)

4. FEI Number 03-0551567	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

JOHNSON, ANGELA
 4100 S.W. 47TH AVE.
 DAVIE, FL 33314

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DAVID A JR 1774 SW 109 TERRACE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JOHNSON, ANGELA G 10724 SW 17 PLACE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, MARIA G 1758 SW 108 WAY DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000821387
 02/19/08-80021-023 138.75

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: David A Johnson Jr 02/05/08 954 5250439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #