

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060205

FILED
Jan 05, 2009
Secretary of State

Entity Name: SUPERMARKET SERVICES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 03-0551567 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, ANGELA
4100 S.W. 47TH AVE.
DAVIE, FL 33314 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: P () Delete
Name: JOHNSON, DAVID A JR
Address: 1774 SW 109 TERRACE
City-St-Zip: DAVIE, FL 33324

Title: VS () Delete
Name: JOHNSON, ANGELA G
Address: 10724 SW 17 PLACE
City-St-Zip: DAVIE, FL 33324

Title: T () Delete
Name: JOHNSON, MARIA G
Address: 1758 SW 108 WAY
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES:

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

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: ANGELA JOHNSON

SECR

01/05/2009

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