

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087161

Entity Name: GROCERY PLUS, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

13056 VALE WOOD DRIVE
NAPLES, FL 34119

New Principal Place of Business:

724 EAST BROAD WAY
FORT MEADE, FL 33841 US

Current Mailing Address:

13056 VALE WOOD DRIVE
NAPLES, FL 34119

New Mailing Address:

13056 VALE WOOD DRIVE
NAPLES, FL 34119 US

FEI Number: 32-0133589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAHMAN, MOHAMMED M
13056 VALE WOOD DRIVE
NAPLES, FL 34119 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: MGRM () Delete
Name: RAHMAN, MOHAMMED M
Address: 13056 VALE WOOD DRIVE
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: HOSSAIN, MOHAMMED M
Address: 130B SPARROW DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM () Delete
Name: DEVNATH, SAHIL
Address: 15 S. HENDRY AVENUE
City-St-Zip: FT MEADE, FL 33841

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: MD.M.RAHMAN

MGRM

04/21/2009

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