

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90317 044 \*\*\*\*50.00

**DOCUMENT # L05000058155**

1. Entity Name  
**EAST & MAIN GROCERY & COIN LAUNDRY, LLC**



Principal Place of Business

**949 EAST & MAIN STREET  
LEESBURG, FL 34748**

Mailing Address

**949 EAST & MAIN STREET  
LEESBURG, FL 34748**

**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-3013118**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SINGH, NARINEE  
949 EAST & MAIN STREET  
LEESBURG, FL 34748**

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SINGH, NARINEE  
949 EAST & MAIN STREET  
LEESBURG, FL 34748**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SINGH, SUNDAR  
949 EAST & MAIN STREET  
LEESBURG, FL 34748**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** Narinee Singh **NARINEE SINGH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/07

Date

352-326-8353

Daytime Phone #