


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90256 022 ***143.75

DOCUMENT # L05000064198 1. Entity Name MAXO SUPERMARKET, LLC.	
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Principal Place of Business 210 SE 2TH ST DELRAY BEACH, FL 33483 US	Mailing Address 210 SE 2TH ST DELRAY BEACH, FL 33483 US
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04242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3121622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PIERRE, VENICE M 210 SE 2TH ST DELRAY BEACH, FL 33483

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

**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	MGR PIERRE, VENICE M 210 SE 2TH ST DELRAY BEACH, FL 33483
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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: Marie Venice Pierre

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

06/04/08

Date

Daytime Phone #