

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085072

Entity Name: LIQUOR 4 LESS, LC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

5301 HAINES ROAD N.
2550 54TH AVE N
ST. PETERSBURG, FL 33714

New Principal Place of Business:

5301 HAINES ROAD N.
ST. PETERSBURG, FL 33714

Current Mailing Address:

5301 HAINES ROAD N.
2550 54TH AVE N
ST. PETERSBURG, FL 33714

New Mailing Address:

5301 HAINES ROAD N.
ST. PETERSBURG, FL 33714

FEI Number: 20-3372752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN SCHAIK, WALTER TR.
5301 HAINES ROAD N.
ST. PETERSBURG, FL 33714 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: VAN SCHAIK, WALTER
Address: 5301 HAINES ROAD N.
City-St-Zip: ST. PETERSBURG, FL 33714

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VAN SCHAIK, WALTER TR.
Address: 5301 HAINES ROAD N.
City-St-Zip: ST. PETERSBURG, FL 33714

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: WALTER VANSCHAIK, TR.

MM

03/20/2009

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