

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114863

Entity Name: SPRINGS FOOD MART, LLC

FILED
Jul 18, 2009
Secretary of State

Current Principal Place of Business:

7802 WILES ROAD
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

7802 WILES ROAD
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 56-2544486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KHAN, MOHD M
7802 WILES ROAD
CORAL SPRINGS, FL 33067 US

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: MGR () Delete
Name: KHAN, MOHD M
Address: 7802 WILES ROAD
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR () Delete
Name: ALAM, MIR K
Address: 7802 WILES ROAD
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR () Delete
Name: KHAN, ARAFAT H
Address: 7802 WILES ROAD
City-St-Zip: CORAL SPRINGS, FL 33067

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: MOHAMMED KHAN

MG

07/18/2009

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