

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001479

Entity Name: SONU FOOD STORE, L.L.C.

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

1405 NORTH COMBEE RD.  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

1405 NORTH COMBEE RD.  
LAKELAND, FL 33801

**New Mailing Address:**

FEI Number: 20-4056816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THAKOR, JAYENDRASINH  
1405 NORTH COMBEE RD.  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

GOHIL, USHA K  
1405 NORTH COMBEE RD.  
LAKELAND, FL 33801 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: USHAGOHIL

04/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THAKOR, JAYENDRASINH  
Address: 1405 NORTH COMBEE RD.  
City-St-Zip: LAKELAND, FL 33801

Title: MGRM ( ) Delete  
Name: GOHIL, USHA  
Address: 1405 NORTH COMBEE RD.  
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOHIL, USHA  
Address: 1405 NORTH COMBEE RD.  
City-St-Zip: LAKELAND, FL 33801

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: USHAGOHIL

MGR

04/22/2009

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