


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90324 033 ***138.75

DOCUMENT # L06000021440							
1. Entity Name MISSION FEED STORE, LLC							
Principal Place of Business 6116 SE FEDERAL HIGHWAY STUART, FL 34997			Mailing Address 6116 SE FEDERAL HIGHWAY STUART, FL 34997				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		04142008 Chg-LLC CR2E083 (12/06)			
Zip		Country		4. FEI Number 20-4390441			
				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			7. Name and Address of New Registered Agent				
MCARTHUR, CHRISTOPHER J 275 MURCIA DRIVE SUITE 304 JUPITER, FL 33458			Name CHRISTOPHER J. MCARTHUR				
			Street Address (P.O. Box Number is Not Acceptable) 6116 SE FEDERAL HWY.				
			City STUART		State FL	Zip Code 34997	
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		C. JASON MCARTHUR		4-15-08			
<i>C. Jason McArthur</i>		(NOTE: Registered Agent Signature required when reinstating)		DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCARTHUR, CHRISTOPHER J		NAME	MCARTHUR, CHRISTOPHER J.			
STREET ADDRESS	275 MURCIA DR SUITE 304		STREET ADDRESS	6116 SE FEDERAL HWY.			
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	STUART, FL 34997			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS			STREET ADDRESS				
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>C. Jason McArthur</i>		C. JASON MCARTHUR		4-15-08 (772) 463-0677			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #			

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