

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000037290

1. Entity Name
LEILAS GROCERY STORE LLC



Principal Place of Business
**1202 AVE D
FT PIERCE, FL 34954**

Mailing Address
**1202 AVE D
FT PIERCE, FL 34954**



05052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4662584

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MICHAEL RAGOONATH & ASSOC INC
200 KNUTH ROAD
SUITE 218
BOYNTON BEACH, FL 33436**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SINGH, GANGIE 1514 TROPICAL DRIVE LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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06/03/08-80002-006-138.75

**DO NOT WRITE
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: _____

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

5/2/08

Date

561-704-2307

Daytime Phone #