

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000047832**

1. Entity Name

SM ORIENTAL FOOD MART, LLC



Principal Place of Business

4000 WEST NEWBERRY ROAD  
GAINESVILLE, FL 32605 US

Mailing Address

4000 WEST NEWBERRY ROAD  
GAINESVILLE, FL 32605 US



03242008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-4837171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, SHERRY  
4125 NW 30TH PLACE  
GAINESVILLE, FL 32606

**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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000871482  
04/09/08-80132-014 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PEREZ, NOEL  
4125 NW 30TH PLACE  
GAINESVILLE, FL 32606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PEREZ, SHERRY  
4125 NW 30TH PLACE  
GAINESVILLE, FL 32606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
QUILAO, GERARDO  
9445 NW 96TH TERRACE  
GAINESVILLE, FL 32608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
QUILAO, MARGIE  
9445 SW 96TH TERRACE  
GAINESVILLE, FL 32608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

Date

Daytime Phone #