2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047832

Entity Name: SM ORIENTAL FOOD MART, LLC

9445 SW 96TH TERRACE

GAINESVILLE, FL 32608

Address:

City-St-Zip:

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
4000 WES	- ΓNEWBERRY .LE, FL 32605		·	
Current Mailing Address:			New Mailing Address:	
	T NEWBERRY LE, FL 32605	ROAD US		
FEI Number:	20-4837171	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
GAINESVIL The above	OTH PLACE .LE, FL 32606 named entity su	US Ibmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
in the State	of Florida.			
SIGNATUR				
Electronic Signature of Registered Age			ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () E PEREZ, NOEL 4125 NW 30TH F GAINESVILLE, F		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () Delete PEREZ, SHERRY 4125 NW 30TH PLACE GAINESVILLE, FL 32606 US		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () E QUILAO, GERAR 9445 NW 96TH T GAINESVILLE, F	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM () E QUILAO, MARGIE	0elete ≣	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: SHERRY PEREZ MGRM 03/19/2009