

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 26, 2007 8:00 am
Secretary of State

06-26-2007 90048 014 ****55.00

DOCUMENT # L06000054004

1. Entity Name
SALADINO'S MS FOOD STORE, L.L.C.



Principal Place of Business
49 MASHESANDS ROAD
PANACEA, FL 32346

Mailing Address
49 MASHESANDS ROAD
PANACEA, FL 32346

40121853



2. Principal Place of Business - No P.O. Box #

49 Hwy 98

3. Mailing Address

49 Hwy 98

Suite, Apt. #, etc.

PANACEA

Suite, Apt. #, etc.

FL

City & State

32346

City & State

32346

Zip

Country

USA

Zip

32346

Country

WAKULLA

06122007 Chg-LLC CR2E083 (12/06)

4. FEI Number

75-321-60-54

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SALADINO, YASMIN ☐ Delete
STREET ADDRESS 49 MASHESANDS ROAD
CITY-ST-ZIP PANACEA, FL 32346

TITLE MGR
NAME SALADINO, MATTHEW ☐ Delete
STREET ADDRESS 49 MASHESANDS ROAD
CITY-ST-ZIP PANACEA, FL 32346

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

6-23-07 984-2767