

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 SEP 23 PM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000057621

1. Entity Name
M & G JAMAICAN & CARIBBEAN GROCERY STORE &
DELI LLC



Principal Place of Business
10764 SOUTH US 1
PORT ST. LUCIE, FL 34952

Mailing Address
10764 SOUTH US 1
PORT ST. LUCIE, FL 34952

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08262008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-0699712

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, ANGELIC
1802 N UNIVERSITY DR #253
PLANTATION, FL 33322

Name

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

City

FL

Zip Code

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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BRYAN, MILLICENT
STREET ADDRESS 3061 SE WAKE ROAD
CITY-ST-ZIP PORT ST. LUCIE, FL 34984

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

TITLE MGR ☐ Delete
NAME BRYAN, GERALD
STREET ADDRESS 3061 SE WAKE ROAD
CITY-ST-ZIP PORT ST. LUCIE, FL 34984

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

Millicent Bryan

9-8-08

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

Date

Daytime Phone #