

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90125 023 ***138.75

DOCUMENT # L06000101886

1. Entity Name
LAWTEY SUPERMARKET LLC



Principal Place of Business
**1672 MADISON STREET
LAWTEY, FL 32058**

Mailing Address
**1672 MADISON STREET
LAWTEY, FL 32058**

DO NOT WRITE IN THIS SPACE



01282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5735278

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHALLEY, MIKE G JR
1672 MADISON STREET
LAWTEY, FL 32058**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHALLEY, MIKE G JR
STREET ADDRESS	1672 MADISON STREET
CITY - ST - ZIP	LAWTEY, FL 32058
TITLE	MGR
NAME	SHALLEY, ABE M
STREET ADDRESS	520 S. BRIDGECREEK DR SOUTH
CITY - ST - ZIP	JACKSONVILLE, FL 32259
TITLE	MGR
NAME	SHALLEY, GEORGE M
STREET ADDRESS	1334 RIVERPLACE DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32256
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: _____

Mike G. Shalley, Jr., Manager

Signature and typed or printed name of signing managing member, or authorized representative

Date

Daytime Phone #

4-5-08 904-768-6236