


FILED
Aug 22, 2007 8:00 am
Secretary of State

07-16-2007 90042 032 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

| | | | |
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| DOCUMENT # L06000116046 | |  | |
| 1. Entity Name MYRTLE AVENUE FOOD STORE, LLC | | | |
| Principal Place of Business 902 N MYRTLE AVENUE JACKSONVILLE, FL 32204 | | Mailing Address 902 N MYRTLE AVENUE JACKSONVILLE, FL 32204 | |
| 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 |
| 4. FEI Number 20-5980390 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SMALL, VERNON 902 N MYRTLE AVENUE JACKSONVILLE, FL 32204 | | 7. Name and Address of New Registered Agent 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 <u><i>Vernon Small</i></u> (NOTE: Registered Agent signature required when reappointing) DATE | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SMALL, VERNON 902 N MYRTLE AVENUE JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u><i>Vernon Small</i></u> 7/14/07 (904) 634-1109 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | |