

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90119 014 \*\*\*138.75

300012



1st MOORE CR2E083 (10/07)

DOCUMENT # L07000017307			
1. Entity Name SARI SARI STORE, LLC			
Principal Place of Business 387 NEW BERLIN ROAD UNIT 3 JACKSONVILLE FL 32218		Mailing Address 387 NEW BERLIN ROAD UNIT 3 JACKSONVILLE FL 32218	
2. Principal Place of Business - No P.O. Box # 376 NEW BERLIN ROAD Suite, Apt. #, etc. UNIT 10		3. Mailing Address 376 NEW BERLIN ROAD Suite, Apt. #, etc. UNIT 10	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32218	Country USA	Zip 32218	Country USA
4. FEI Number 52-2641548		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 BAYSA, ROWENA O 387 NEW BERLIN ROAD UNIT 3 JACKSONVILLE FL 32218		7. Name and Address of New Registered Agent Name BAYSA, ROWENA O Street Address (P.O. Box Number is Not Acceptable) 376 NEW BERLIN ROAD UNIT 10 City JACKSONVILLE FL Zip Code 32218	
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 a registered agent.			
SIGNATURE  ROWENA O. BAYSA		DATE MAY 9, 2008	
<p><b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b></p>			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DE GUZMAN, JAMIE 12061 DALMATION LANE W JACKSONVILLE FL 32246 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAYSA, MICHAEL D 12283 CARDINAL CREEK DRIVE JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DE GUZMAN, JESSICA 12061 DALMATION LANE W JACKSONVILLE FL 32246 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAYSA, ROWENA 12283 CARDINAL CREEK DRIVE JACKSONVILLE FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 MAY 9, 2008 (904) 757 1455 Date	