

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90307 010 \*\*\*138.75

**DOCUMENT # L07000042318**



1. Entity Name  
**L & F GROCERY, LLC**

Principal Place of Business Mailing Address  
**105 SW 3RD STREET 105 SW 3RD STREET**  
**FT. MEADE, FL 33841 FT. MEADE, FL 33841**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03212008 Chg-LLC CR2E083 (12/06)

City & State City & State

4. FEI Number **20-8875956** Applied For  
 Not Applicable

Zip Country Zip Country

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**

**BUSINESS FILINGS INCORPORATED**  
**1203 GOVERNOR'S SQUARE BLVD**  
**SUITE 101**  
**TALLAHASSEE, FL 32301-2960**

Name **Reva Y Valentine EA**  
 Street Address (P.O. Box Number is Not Acceptable)

**829 - N. Lanier Ave**

City **Ft. Meade, FL** Zip Code **32841**

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 Reva Y Valentine EA DATE 4-17-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE MGRM  Delete  
 NAME ROGERS, HILDA L  
 STREET ADDRESS 105 SW 3RD STREET  
 CITY-ST-ZIP FT. MEADE, FL 33841

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MGRM  Delete  
 NAME DAVIDSON, FRANKLIN  
 STREET ADDRESS 105 SW 3RD STREET  
 CITY-ST-ZIP FT. MEADE, FL 33841

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE MGRM  Change  Addition  
 NAME JACKSON, Anderson  
 STREET ADDRESS 105 S.W. 3rd St.  
 CITY-ST-ZIP Ft. Meade, Fl. 33841

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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: Hilda L. Rogers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4-16-08 Daytime Phone # 863-285-8120