

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000126251

Entity Name: SALDIVAR GROCERY, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8600 49TH STREET NORTH  
PINELLAS PARK, FL 33782 US

**New Principal Place of Business:**

8600 49TH STREET NORTH  
33782  
PINELLAS PARK, FL 33782 US

**Current Mailing Address:**

8600 49TH STREET NORTH  
PINELLAS PARK, FL 33782 US

**New Mailing Address:**

FEI Number: 26-1630204      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALDIVAR, RAFAEL  
8600 49THST  
PINELLAS PARK, FL 33782 US

**Name and Address of New Registered Agent:**

SALDIVAR, ANEUDY  
8600 49THST  
PINELLAS PARK, FL 33782 US

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.

SIGNATURE: ANEUDY SALDIVAR

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: OWNE  
Name: SALDIVAR, RAFAEL  
Address: 501 116TH AVE APT# 63  
City-St-Zip: ST.PETERSBURG, FL 33716 US

Title: OWNE  
Name: SALDIVAR, CATALINA  
Address: 501 116TH AVE APT# 63  
City-St-Zip: ST.PETERSBURG, FL 33716 US

Title: OWNE  
Name: SALDIVAR, ANEUDY  
Address: 501 116TH AVE APT#63  
City-St-Zip: ST.PETERSBURG, FL 33716

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ANEUDY SALDIVAR

OWNE

04/30/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date