

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016355

Entity Name: FOOD ZONE EQUITIES, LLC

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

9585 S.W. 160TH STREET  
MIAMI, FL 33157

## New Principal Place of Business:

## Current Mailing Address:

9585 S.W. 160TH STREET  
MIAMI, FL 33157

## New Mailing Address:

2760 SW 126TH WAY  
MIRAMAR, FL 33027

FEI Number: 26-3127181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SQUIRES, GILBERT K ESQ.  
GILBERT K. SQUIRES, P.L.  
767 ARTHUR GODFREY ROAD  
MIAMI BEACH, FL 33140 US

## Name and Address of New Registered Agent:

SHEKHA, SHABEER  
2760 SW 126TH WAY  
MIRAMAR, FL 33027 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: SHABEER SHEKHA

04/17/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SHEKHA, SHABEER  
Address: 9585 S.W. 160TH STREET  
City-St-Zip: MIAMI, FL 33157

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: PD (X) Change ( ) Addition  
Name: SHEKHA, SHABEER  
Address: 2760 SW 126TH WAY  
City-St-Zip: MIRAMAR, FL 33027

Title: VP ( ) Change (X) Addition  
Name: BAWANY, MOHAMMED M  
Address: 12637 SW 26TH STREET  
City-St-Zip: MIRAMAR, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SHABEER SHEKHA

PD

04/17/2009

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