

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000058533

Entity Name: ASU FOOD MART, LLC

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

13309 WHISPERING PALMS PL. SW  
LARGO, FL 33774 US

**New Principal Place of Business:**

13309 WHISPERING PALMS PL. SW  
APT 408  
LARGO, FL 33774 US

**Current Mailing Address:**

13309 WHISPERING PALMS PL. SW  
LARGO, FL 33774 US

**New Mailing Address:**

13309 WHISPERING PALMS PL. SW  
APT 408  
LARGO, FL 33774 US

FEI Number: 26-2795661      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SHARIF, MD. MAINUL  
13309 WHISPERING PALMS PL. SW  
LARGO, FL 33774 US

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

SHARIF, MD. MAINUL  
13309 WHISPERING PALMS PL. SW  
APT 408  
LARGO, FL 33774 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: MD MAINUL SHARIF

01/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHARIF, MD. MAINUL  
Address: 13309 WHISPERING PALMS PL. SW APT 408  
City-St-Zip: LARGO, FL 33774 US

Title: MGRM  
Name: AHMED, G.M. BASHIR  
Address: 6727 S. LOIS AVE.  
City-St-Zip: TAMPA, FL 33616 US

Title: MGRM  
Name: ZAMIN, SHAHANA  
Address: 3700 9TH AVENUE NORTH, D-21  
City-St-Zip: ST. PETERSBURG, FL 33713

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: MD MAINUL SHARIF

MGRM

01/04/2010

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