

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088564

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** SUPERIOR FOOD DISTRIBUTORS, LLC

**Current Principal Place of Business:**

1530 GOLDEN GATE BLVD. EAST  
NAPLES, FL 34120 US

**New Principal Place of Business:**

1530 GOLDEN GATE BLVD. EAST  
NAPLES, FL 34120 US

**Current Mailing Address:**

1530 GOLDEN GATE BLVD. EAST  
NAPLES, FL 34120 US

**New Mailing Address:**

FEI Number: 26-3383534      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RICHETTI, ALEX  
1530 GOLDEN GATE BLVD. EAST  
NAPLES, FL 34120 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RICHETTI, ALEX  
Address: 1530 GOLDEN GATE BLVD. EAST  
City-St-Zip: NAPLES, FL 34120 US

Title: MGRM ( ) Delete  
Name: RICHETTI, INGRID  
Address: 1530 GOLDEN GATE BLVD. EAST  
City-St-Zip: NAPLES, FL 34120 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: RICHETTI, YNGRID  
Address: 1530 GOLDEN GATE BLVD. EAST  
City-St-Zip: NAPLES, FL 34120 US

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: YNGRID RICHETTI

MGMR

04/22/2009

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