

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000105891

FILED
May 20, 2009
Secretary of State

Entity Name: H & M FOOD MART & GAS, LLC

Current Principal Place of Business:

5922 TURKEY LAKE ROAD
ORLANDO, FL 32819

New Principal Place of Business:

5922 TURKEY LAKE ROAD
ORLANDO, FL 32819 US

Current Mailing Address:

P O BOX 22953
LAKE BUENA VISTA, FL 32830

New Mailing Address:

5922 TURKEY LAKE ROAD
ORLANDO, FL 32819 US

FEI Number: 26-3714065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUBARAK, HAMDAN
10013 NEWINGTON DRIVE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

PATEL, KAMLESH
5922 TURKEY LAKE ROAD
ORLANDO, FL 32819 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: KAMLESH PATEL

05/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MUBARAK, HAMDAN
Address: 10013 NEWINGTON DRIVE
City-St-Zip: ORLANDO, FL 32836 US

Title: MGR (X) Delete
Name: YOUSEF, MOHAMMAD
Address: 10013 NEWINGTON DRIVE
City-St-Zip: ORLANDO, FL 32836 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PATEL, KAMLESH
Address: 5922 TURKEY LAKE ROAD
City-St-Zip: ORLANDO, FL 32819 US

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

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: KAMLESH PATEL

MRG

05/20/2009

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