

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 FEB 17 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # 193000000256

MARIE'S MARKET, L.C.
4390 N.W. 31ST AVE.
FT. LAUDERDALE FL 33309

1a. Principal Place of Business Address

4390 N.W. 31ST AVE.
FT. LAUDERDALE FL 33309

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

08/09/1993

FL

4. FEI Number

65-0434446

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

03/05/1996

SB 75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

KOULI, MHD GHEYAS
110 LAKE EMERALD DR. #210
OAKLAND PARK FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____

DATE _____

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	ALBOGA, WALED	106 LAKE EMERALD DR.	OAKLAND PARK FL
MEM	KOULI, MHD GHEYAS	110 LAKE EMERALD DR. #210	OAKLAND PARK FL
200002093542--3 -02/20/97--01095--001 ***203.75 ***203.75			
2/19/97			

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Mohammad G. Kouli 2.5.97 (954) 731-6426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

Waled Alboaga WALED ALBOGA