

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000000987

1. Entity Name
FOOD LION, LLC



Principal Place of Business
2110 EXECUTIVE DRIVE
SALISBURY, NC 28147

Mailing Address
PO BOX 1330
SALISBURY, NC 28145



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2173154

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PCEO
ANICETTI, RICHARD A
2110 EXECUTIVE DRIVE
SALISBURY, NC 28145

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
JAMES, RICHARD A,
2110 EXECUTIVE DRIVE
SALISBURY, NC 28147

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
EVANS, G. LINN
2110 EXECUTIVE DRIVE
SALISBURY, NC 28147

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CFO
HERNDON, CAROL
2110 EXECUTIVE DRIVE
SALISBURY, NC 28147

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
BECKERS, PIERRE-OLIVIER
2110 EXECUTIVE DRIVE
SALISBURY, NC 28147

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

U00000288104
04/04/05-80098-003 \$50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

G. Linn Evans

March 24, 2005

(704) 633-8250

Date

Daytime Phone #