

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90025 017 \*\*\*\*50.00

**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

**20044484**



04192006No Chg-LLC

CR2E083 (11/05)

**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, 2006**

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 H  
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  
CAO  
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

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*  
**G Linn Evans**

**4/25/06**

Date

**704-633-8250**

Daytime Phone #