

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000987

FILED
Apr 23, 2008
Secretary of State

Entity Name: FOOD LION, LLC

Current Principal Place of Business:

2110 EXECUTIVE DRIVE
SALISBURY, NC 28147

New Principal Place of Business:

Current Mailing Address:

PO BOX 1330
SALISBURY, NC 28145

New Mailing Address:

FEI Number: 56-2173154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PCEO () Delete
Name: ANICETTI, RICHARD A
Address: 2110 EXECUTIVE DRIVE
City-St-Zip: SALISBURY, NC 28145

Title: T () Delete
Name: JAMES, RICHARD H
Address: 2110 EXECUTIVE DRIVE
City-St-Zip: SALISBURY, NC 28147

Title: S () Delete
Name: EVANS, G. LINN
Address: 2110 EXECUTIVE DRIVE
City-St-Zip: SALISBURY, NC 28147

Title: CFO () Delete
Name: HERNDON, CAROL
Address: 2110 EXECUTIVE DRIVE
City-St-Zip: SALISBURY, NC 28147

Title: MGR () Delete
Name: BECKERS, PIERRE-OLIVIER
Address: 2110 EXECUTIVE DRIVE
City-St-Zip: SALISBURY, NC 28147

ADDITIONS/CHANGES:

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

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

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

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

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: G. L. EVANS

S

04/23/2008

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