

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005497

FILED
Apr 07, 2009
Secretary of State

Entity Name: SOUTHERN FAMILY MARKETS OF PENSACOLA PINE FOREST ROAD LLC

Current Principal Place of Business:

7 CORPORATE DRIVE
KEENE, NH 03431

New Principal Place of Business:

Current Mailing Address:

7 CORPORATE DRIVE
KEENE, NH 03431

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR, () Delete
Name: SOUTHERN FAMILY MARKETS LLC
Address: 7 CORPORATE DRIVE
City-St-Zip: KEENE, NH 03431

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOUTHERN FAMILY MARKETS LLC
Address: 7 CORPORATE DRIVE
City-St-Zip: KEENE, NH 03431

Title: MGRM () Change (X) Addition
Name: NEWBOLD, MICHAEL
Address: 7 CORPORATE DRIVE
City-St-Zip: KEENE, NH 03431

Title: MGRM () Change (X) Addition
Name: LUDLOW, TIMOTHY
Address: 7 CORPORATE DRIVE
City-St-Zip: KEENE, NH 03431

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: MICHAEL NEWBOLD

MGRM

04/07/2009

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