

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003720

FILED
Apr 21, 2009
Secretary of State

Entity Name: VILLAGE PANTRY SPECIALTY HOLDING, LLC

Current Principal Place of Business:

6814 HILLSDALE CT
INDIANAPOLIS, IN 46250

New Principal Place of Business:

Current Mailing Address:

6814 HILLSDALE CT
INDIANAPOLIS, IN 46250

New Mailing Address:

FEI Number: 26-0260571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: PARKER, CHARLES M
Address: 6814 HILLSDALE CT
City-St-Zip: INDIANAPOLIS, IN 46250

Title: MGR () Delete
Name: KING, T. SCOTT
Address: 5200 TOWN CENTER CIRCLE, STE 470
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Delete
Name: ARCHAMBAULT, MICHAEL
Address: 5200 TOWN CENTER CIRCLE, STE 470
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: KUCHENRITHER, MARK
Address: 5200 TOWN CENTER CIRCLE, STE 470
City-St-Zip: BOCA RATON, FL 33486

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: CHARLES M PARKER

MGR

04/21/2009

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