

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000019021

**Entity Name:** UNITED GROCERS JAX, LLC

**Current Principal Place of Business:**

6015 MORROW STREET  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6015 MORROW STREET  
JACKSONVILLE, FL 32217

**FEI Number: 81-1318613**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SAFAR, EDMOND  
6015 MORROW STREET  
JACKSONVILLE, FL 32217 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name SAFAR, EDMOND  
Address 2406 SEGOVIA AVE  
City-State-Zip: JACKSONVILLE FL 32217

Title MGR  
Name KHAZAL, ESSA  
Address 9452 KELLS ROAD  
City-State-Zip: JACKSONVILLE FL 32257

Title MGR  
Name BARAKAT, ANTOUN  
Address 9407 PICKWICK DRIVE  
City-State-Zip: JACKSONVILLE FL 32257

Title MGR  
Name TAAZIEH, FISAL  
Address 934 POINT LA VISTA ROAD NORTH  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name YAZGEI, GHASSAN  
Address 8353 WHITMIRE COURT  
City-State-Zip: JACKSONVILLE FL 32216

Title MGR  
Name RUBBOZ, GEORGE  
Address 8184 BLAZAING STAR ROAD  
City-State-Zip: JACKSONVILLE FL 32210

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: EDMOND SAFAR**

**MGR**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date