

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005789

FILED  
Mar 16, 2010  
Secretary of State

**Entity Name:** SUPERIOR DRAINAGE, L.L.C.

**Current Principal Place of Business:**

8250 62ND STREET NORTH  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

8250 62ND STREET NORTH  
PINELLAS PARK, FL 33781

**New Mailing Address:**

**FEI Number:** 59-3646326

**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 RD  
FORT LAUDERDALE, 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: MGRM  
Name: KEATING, RONALD C  
Address: 9025 CENTRE POINTE DR, STE 400  
City-St-Zip: WEST CHESTER, OH 45069

Title: MGRM  
Name: RAFI, MICHAEL M  
Address: 9025 CENTRE POINTE DR, STE 400  
City-St-Zip: WEST CHESTER, OH 45069

Title: MGRM  
Name: LEE, JEFFERY S  
Address: 9025 CENTRE POINTE DR, STE 400  
City-St-Zip: WEST CHESTER, OH 45069

Title: MGRM  
Name: SINGER, THOMAS D  
Address: 9025 CENTRE POINTE DR, STE 400  
City-St-Zip: WEST CHESTER, OH 45069

I hereby 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: JEFFREY S LEE

MGRM

03/16/2010

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