

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002149

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** SUPERIOR ISLAND SERVICES LLC

**Current Principal Place of Business:**

6000 MARIANA DR.  
HOLMES BEACH, FL 34217 US

**New Principal Place of Business:**

6000 MARIANA DR.  
SUITE 103  
HOLMES BEACH, FL 34217 US

**Current Mailing Address:**

6000 MARIANA DR.  
HOLMES BEACH, FL 34217 US

**New Mailing Address:**

6000 MARIANA DR.  
SUITE 103  
HOLMES BEACH, FL 34217 US

**FEI Number:** 59-3573840

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POOLE, CLARK  
502 69TH ST.  
HOLMES BEACH, FL 34217 US

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

POOLE, CLARK VP  
502 69TH ST.  
HOLMES BEACH, FL 34217 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: CLARK POOLE

03/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POOLE, GWENDOLYN M PRES.  
Address: 502 69TH ST.  
City-St-Zip: HOLMES BEACH, FL 34217 US

Title: MGRM  
Name: POOLE, CLARK VP  
Address: 502 69TH ST.  
City-St-Zip: HOLMES BEACH, FL 34217 US

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: CLARK POOLE

VP

03/01/2010

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