



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90019 031 ***143.75

DOCUMENT # L07000045541					
1. Entity Name SUPER EXPORT, LLC					
Principal Place of Business 700 N.E. 29 TERRACE, UNIT 30 MIAMI, FL 33137			Mailing Address 700 N.E. 29 TERRACE, UNIT 30 MIAMI, FL 33137		
2. Principal Place of Business - No P.O. Box # 1415 N State Rd 7		3. Mailing Address 1415 N State Rd 7			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hollywood FL		City & State Hollywood FL			
Zip 33021		Country USA		04302008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-8961988		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GAGEL, JAMES P 150 ALHAMBRA CIRCLE, SUITE 1270 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASAS, JUAN C 700 N.E. 29 TERRACE, UNIT 30 MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1415 N State Rd 7 Hollywood FL, 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FAJARDO, ANGELICA R 700 N.E. 29 TERRACE, UNIT 30 MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1415 N State Rd 7 Hollywood FL, 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 _____ Date _____ Daytime Phone # _____					