

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000095999

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC3752117444**

**Entity Name:** SUPERIOR CONSTRUCTION COMPANY SOUTHEAST, LLC

**Current Principal Place of Business:**

7072 BUSINESS PARK BLVD.  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7072 BUSINESS PARK BLVD.  
JACKSONVILLE, FL 32256

**FEI Number: 26-3552913**

**Certificate of Status Desired: Yes**

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

KELLEY, PETER  
7072 BUSINESS PARK BLVD.  
JACKSONVILLE, FL 32256 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 MICHAELS, STEVEN A  
Address 2045 E. DUNES HIGHWAY  
City-State-Zip: GARY IN 46402

Title MGR  
Name NAIK, BHAVIN  
Address 7072 BUSINESS PARK BLVD.  
City-State-Zip: JACKSONVILLE FL 32256

Title MGR  
Name KELLEY, PETER G  
Address 7072 BUSINESS PARK BLVD.  
City-State-Zip: JACKSONVILLE FL 32256

Title MGR  
Name LARGURA, NICHOLAS  
Address 7072 BUSINESS PARK BLVD.  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name SUPERIOR CONSTRUCTION HOLDING CO., INC.  
Address 2045 E. DUNES HIGHWAY  
City-State-Zip: GARY IN 46401

Title MGR  
Name LONG, CURTIS E  
Address 7072 BUSINESS PARK BLVD.  
City-State-Zip: JACKSONVILLE FL 32256

*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: NICHOLAS LARGURA**

**MGR**

**01/12/2015**

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

\_\_\_\_\_  
Date