

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000073510

**Entity Name:** SUPERIOR TRADELINES, LLC

**Current Principal Place of Business:**

8010 N ATLANTIC AVE  
7

CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

P O BOX 781104  
ORLANDO, FL 32828 US

**FEI Number:** 27-3070570

**Certificate of Status Desired:** No

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

ROBERT, SIGMAN  
8700 ASTRONAUT BLVD  
166  
CAPE CANAVERAL, FL 32920 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 SIGMAN, ROBERT  
Address PO BOX 166  
City-State-Zip: CAPE CANAVERAL FL 32920

Title MGR  
Name SIGMAN, JEKATERINA  
Address PO BOX 166  
City-State-Zip: CAPE CANAVERAL FL 32920

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:** ROBERT SIGMAN

**REGISTERED AGENT**

**03/19/2014**

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

\_\_\_\_\_  
Date