#### 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: JEKATERINA SIGMAN

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SIGMAN, ROBERT	Name	SIGMAN, JEKATERINA
Address	PO BOX 320825	Address	PO BOX 320825
City-State-Zip:	COCOA BEACH FL 32932	City-State-Zip:	COCOA BEACH FL 32932

# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000073510

Entity Name: SUPERIOR TRADELINES, LLC

## **Current Principal Place of Business:**

1980 N ATLANTIC AVE 325 COCOA BEACH, FL 32931

#### **Current Mailing Address:**

PO BOX 320825 COCOA BEACH, FL 32932 US

### FEI Number: 27-3070570

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

ROBERT, SIGMAN 500 N BREVARD AVE 320825 COCOA BEACH, FL 32932 US

SIGNATURE:

Electronic Signature of 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.

Certificate of Status Desired: No

02/07/2020 MGR

Date

Date

