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.

MGR

SIGNATURE: JEKATERINA SIGMAN

Electronic Signature of Signing Authorized Person(s) Detail

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

Electronic Signature of Registered Agent A

Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	SIGMAN, ROBERT	Name	SIGMAN, JEKATERINA		
Address	PO BOX 166	Address	PO BOX 166		
<u></u>		City Ctata Zin			

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.

2017 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:

PO BOX 166 CAPE CANAVERAL, FL 32920 US

FEI Number: 27-3070570

Name and Address of Current Registered Agent:

ROBERT, SIGMAN 8700 ASTRONAUT BLVD 166 CAPE CANAVERAL, FL 32920 US

SIGNATURE:

FILED Apr 27, 2017 Secretary of State CC1663671092

Certificate of Status Desired: No

Date