

**2013 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 166

CAPE CANAVERAL, FL 32920

**FEI Number: 27-3070570**

**Certificate of Status Desired:** No

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

ROBERT, SIGMAN

319 JACK DR

COCOA BEACH, FL 32931 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JEKATERINA SIGMAN**

**MGR**

**03/20/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date