

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000048476

**Entity Name:** SUPERIOR SITEWORKS, LLC

**Current Principal Place of Business:**

35615 C.R. 52  
DADE CITY, FL 33525

**Current Mailing Address:**

35615 C.R. 52  
DADE CITY, FL 33525 US

**FEI Number:** 46-5188473

**Certificate of Status Desired:** No

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

MADANI, SHEADA ESQUIRE  
401 E. JACKSON STREET  
SUITE 3100  
TAMPA, FL 33602 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 AUTHORIZED REPRESENTATIVE  
Name BUCKINGHAM, HAROLD G  
Address 30433 BAYHEAD ROAD  
City-State-Zip: DADE CITY FL 33523

Title MGR  
Name JOHNSON, CHELSEA  
Address 35615 STATE ROAD 52  
City-State-Zip: DADE CITY FL 33525

Title MANAGER  
Name JOHNSON, ROBERT  
Address 35615 STATE ROAD 52  
City-State-Zip: DADE CITY FL 33525

Title AUTHORIZED REPRESENTATIVE  
Name BUCKINGHAM, EMILY  
Address 37153 MCMINN AVE.  
City-State-Zip: DADE CITY FL 33525

*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:** CHELSEA JOHNSON

**MANAGER**

**01/31/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date