

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000290855

**Entity Name:** SUPERIOR SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

9831 SW 16 TERRACE  
MIAMI, FL 33165

**Current Mailing Address:**

PO BOX 348704  
MIAMI, FL 33234 US

**FEI Number: 84-4470505**

**Certificate of Status Desired:** No

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

HECHAVARRIA, MAGELA  
9831 SW 16 TERRACE  
MIAMI, FL 33165 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 AP  
Name HECHAVARRIA, MAGELA  
Address PO BOX 348704  
City-State-Zip: MIAMI FL 33234

*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: MAGELA HECHAVARRIA**

**AP**

**01/26/2021**

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

\_\_\_\_\_  
Date