

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000002149

**Entity Name:** SUPERIOR ISLAND SERVICES LLC

**Current Principal Place of Business:**

502 69TH ST.  
HOLMES BEACH, FL 34217

**Current Mailing Address:**

502 69TH ST.  
HOLMES BEACH, FL 34217 US

**FEI Number:** 59-3573840

**Certificate of Status Desired:** No

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

POOLE, CLARK VP  
502 69TH ST.  
HOLMES BEACH, FL 34217 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 MGRM  
Name POOLE, GWENDOLYN MPRES.  
Address 502 69TH ST.  
City-State-Zip: HOLMES BEACH FL 34217

Title MGRM  
Name POOLE, CLARK VP  
Address 502 69TH ST.  
City-State-Zip: HOLMES BEACH FL 34217

*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:** CLARK POOLE

VP

01/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date