

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90215 004 ****50.00

DOCUMENT # L00000005789

1. Entity Name

SUPERIOR DRAINAGE, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8250 62nd Street North

3. Mailing Address

8250 62nd Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pinellas Park, Florida

City & State

Pinellas Park, Florida

4. FEI Number

Applied For

XX Not Applicable

Zip

33781

Country

Pinellas

Zip

33781

Country

Pinellas

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Kell C. Williams III, Esquire

Street Address (P.O. Box Number is Not Acceptable)
1715 West Cleveland Street

City Tampa

FL

Zip Code
33606

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member W.M. Burnette 8250 62nd Street North Pinellas Park, FL 33781	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDR 704747	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GR 50260492 PA 4501054555	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GL CC 257200 701209	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

W.M. Burnette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/02 727.544-8811

Date

Daytime Phone #