

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90193 030 ****50.00

DOCUMENT # L00000005789

1. Entity Name
SUPERIOR DRAINAGE, L.L.C.



Principal Place of Business
**8250 62ND STREET NORTH
PINELLAS PARK, FL 33781**

Mailing Address
**8250 62ND STREET NORTH
PINELLAS PARK, FL 33781**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172006 Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
FORT LAUDERDALE, FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BURNETTE, W.M.
STREET ADDRESS 8250 62ND STREET N
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE MGRM ☐ Delete
NAME MCCORMICK, MARK H
STREET ADDRESS 3250 62ND STREET NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33781

TITLE MGRM ☐ Delete
NAME CASERTA, RICHARD L
STREET ADDRESS 1001 GROVE ST
CITY-ST-ZIP MIDDLETOWN, OH 45044

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Caserta, Richard J.
STREET ADDRESS 9025 Centre Pointe Dr., Suite 400
CITY-ST-ZIP West Chester OH 45069

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Richard J. Caserta Richard J. Caserta

3/23/06

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

Date

Daytime Phone #