

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016592

Entity Name: SUPREME DRIVERS, LLC

FILED  
May 06, 2007  
Secretary of State

**Current Principal Place of Business:**

4409 HOLLOWAY MEADOWS LANE  
PLANT CITY, FL 33567

**New Principal Place of Business:**

**Current Mailing Address:**

4409 HOLLOWAY MEADOWS LANE  
PLANT CITY, FL 33567

**New Mailing Address:**

P.O. BOX 1708  
VALRICO, FL 33595 US

FEI Number: 59-3745201      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BACON, JAMES  
4409 HOLLOWAY MEADOWS LANE  
PLANT CITY, FL 33567 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BACON, JAMES  
Address: 4409 HOLLOWAY MEADOW LANE  
City-St-Zip: PLANT CITY, FL 33567

Title: MGRM ( ) Delete  
Name: BACON, ANGELA J  
Address: 4409 HOLLOWAY MEADOW LANE  
City-St-Zip: PLANT CITY, FL 33567

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JAMES BACON

MGRM

05/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date