FILED
Mar 17, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000027150

1. Entity Name
SUPERIOR PACKAGING, LLC

Principal Place of Business	Mailing Address
4151 GULF SHORE BLVD. NORTH, #1403 NAPLES, FL 34103	4151 GULF SHORE BLVD. NORTH, #1403 NAPLES, FL 34103

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02282005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
13-4218142
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

DYE, KAREN D
4151 GULF SHORE BLVD. NORTH, #1403
NAPLES, FL 34103

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DYE, KAREN D
STREET ADDRESS	4151 GULF SHORE BLVD. NORTH, #1403
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Karen D. Dye Karen D. Dye 2/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #