


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90059 031 ****50.00

DOCUMENT # L02000027150 1. Entity Name SUPERIOR PACKAGING, LLC					
Principal Place of Business 4151 GULF SHORE BLVD. NORTH, #1403 NAPLES, FL 34103			Mailing Address 4151 GULF SHORE BLVD. NORTH, #1403 NAPLES, FL 34103		
2. Principal Place of Business 137 COLONADE CIRCLE Suite, Apt. #, etc.		3. Mailing Address 137 COLONADE CIRCLE Suite, Apt. #, etc.			
City & State NAPLES FL Zip 34103		City & State NAPLES FL Zip 34103		4. FEI Number 13-4218142	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DYE, KAREN D 4151 GULF SHORE BLVD. NORTH, #1403 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name KAREN D DYE Street Address (P.O. Box Number is Not Acceptable) 137 COLONADE CIRCLE City NAPLES FL Zip Code 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 KAREN D DYE DATE 5/31/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DYE, KAREN D 4151 GULF SHORE BLVD. NORTH, #1403 NAPLES, FL 34103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	137 COLONADE CIRCLE NAPLES FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Karen D. Dye <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 5/31/06 Daytime Phone # 614/436-5630		

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