


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000031785 1. Entity Name 6639 SUPERIOR, LLC	
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Principal Place of Business 6639 SUPERIOR AVENUE SARASOTA, FL 34231	Mailing Address 6639 SUPERIOR AVENUE SARASOTA, FL 34231
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DO NOT WRITE IN THIS SPACE



07102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 14-1859659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CHESTER, JOSHUA 6639 SUPERIOR AVENUE SARASOTA, FL 34231

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

Filing Fee is \$50.00 Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHESTER, JOSHUA 6639 SUPERIOR AVENUE SARASOTA, FL 34231
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<p>U00000769019 07/16/07-80010-022 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: <u>Robert D. Harn</u> 7-12-07 (941) 468-2001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>