

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020459

FILED  
Mar 04, 2007  
Secretary of State

**Entity Name:** SUPERIOR BUILDING SUPPLIES, LLC

**Current Principal Place of Business:**

4133 NORTHWEST 81ST TERRACE  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

4133 NORTHWEST 81ST TERRACE  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number:** 47-0921334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** BLOOM, LESLIE A  
**Address:** 4133 NORTHWEST 81ST TERRACE  
**City-St-Zip:** CORAL SPRINGS, FL 33065 US

**Title:** MGRM ( ) Delete  
**Name:** PODREZ, MAXIM  
**Address:** 6 ELMVIEW AVENUE  
**City-St-Zip:** TORONTO, ON M2N 2S4 ON

**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 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:** LESLIE A. BLOOM

MR.

03/04/2007

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