

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90293 033 ****50.00

DOCUMENT # L03000034170

1. Entity Name

SUPERIOR PROPERTIES & DEVELOPMENT, LLC



Principal Place of Business

Mailing Address

POST OFFICE BOX 28071
ST. PETERSBURG FL 33709

POST OFFICE BOX 28071
ST. PETERSBURG FL 33709

2. Principal Place of Business

26649 Cayman Dr.

3. Mailing Address

P.O. Box 1901

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tavares, FL

City & State

Tavares, FL

Zip

32778

Country

Lake

Zip

32778

Country

Lake

1st MOORE

CR2E083 (10/05)

4. FEI Number

43-2032153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

IERNA, RONALD F
8231 EAGLES PARK DRIVE, NORTH
ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature of the registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

March 11, 2006

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME IERNA, RONALD F
STREET ADDRESS POST OFFICE BOX 28071
CITY-ST-ZIP ST. PETERSBURG FL 33709

TITLE MGR
NAME IERNA, CYNTHIA H
STREET ADDRESS POST OFFICE BOX 28071
CITY-ST-ZIP ST. PETERSBURG FL 33709

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR
NAME Ierna, Ronald F.
STREET ADDRESS Post office Box 1901
CITY-ST-ZIP Tavares, FL 32778

TITLE MGR
NAME Ierna, Cynthia H.
STREET ADDRESS P.O. Box 1901
CITY-ST-ZIP Tavares, FL 32778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Mar. 11, 2006

727
686-2157