## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000048703

1. Entity Name

SUPERIOR HOME MAINTENANCE, LLC



FILED Mar 19, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

32643 JESSE JONES STREET SAN ANTONIO, FL 33576-0593 P.O. BOX 593

SAN ANTONIO, FL 33576-0593



02072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0467569

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

NEWLON, JOSEPH A 12146 CURLEY STREET SAN ANTONIO, FL 33576

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statement	ate of Florida. I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000863288 04/03/08-80086-007 138.75

9.	MANAGING MEMBERS/MANAGERS
NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADDEN, TERRENCE C 32643 JESSE JONES STREET SAN ANTONIO, FL 335760593
TITLE NAME STREET ADDRESS CITY-S1-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:X Lerune / Maddle

×3/18/08

×352-585-6660

Daytime Phone #