

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000050564

**Entity Name:** SUPERIOR MECH. CONT., LLC

**FILED**  
**Oct 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2554 HWY 183 A  
PONCE DE LEON, FL 32455

**New Principal Place of Business:**

**Current Mailing Address:**

2554 HWY 183 A  
PONCE DE LEON, FL 32455

**New Mailing Address:**

**FEI Number:** 73-1687672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOWLING, WILLIAM W  
2554 HWY 183 A  
PONCE DE LEON, FL 32455 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: WILLIAM W. NOWLING

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NOWLING, WILLIAM W  
Address: 2554 HWY 183 A  
City-St-Zip: PONCE DE LEON, FL 32455

I hereby 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: WILLIAM W. NOWLING

OWNE

10/11/2010

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