


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90036 005 ****50.00

DOCUMENT # L03000055173 1. Entity Name SUPERIOR SYSTEM, LLC					
Principal Place of Business 4210 HESS AVENUE COCOA, FL 32926			Mailing Address 4210 HESS AVENUE COCOA, FL 32926		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2624482 20-1999291	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAVIGNE, BRIAN A 4210 HESS AVENUE COCOA, FL 32926			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAVIGNE, BRIAN A 4210 HESS AVENUE COCOA, FL 32926	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Brian A. Lavigne</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/15/05 321-508-5020 <small>Date Daytime Phone #</small>		

ATTACHMENT

20050494
 L03000055173

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-1999291 OMB No. 1545-0003																			
1* Legal name of entity (or individual) for whom the EIN is being requested SUPERIOR SYSTEM LLC																							
2 Trade name of business (if different from name on line 1) SAME			3 Executor, trustee, "care of" name																				
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 4210 HESS AVE			5a Street address (if different) (Do not enter a P.O. box)																				
4b* City, state, and ZIP code COCOA FL 32926			5b City, state, and ZIP code																				
6* County and state where principal business is located County BREVARD State FL																							
7a Name of principal officer, general partner, grantor, owner, or trustor BRIAN A LAVIGNE			7b SSN, ITIN, EIN 023-50-5089																				
8a* Type of entity (check only one) <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Sole Proprietor (SSN)</td> <td><input type="checkbox"/> Estate (SSN of decedent)</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (SSN)</td> </tr> <tr> <td><input type="checkbox"/> Corporation (enter form number to be filed) ▶</td> <td><input type="checkbox"/> Trust (SSN of grantor)</td> </tr> <tr> <td><input type="checkbox"/> Personal Service</td> <td><input type="checkbox"/> National Guard</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> Farmers' cooperative</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) ▶</td> <td><input type="checkbox"/> REMIC</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other (specify) ▶ LLC-DISREGARD ENTITY</td> <td><input type="checkbox"/> State/local government</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Federal government/military</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Indian tribal government/enterprises</td> </tr> </table>						<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)	<input type="checkbox"/> Personal Service	<input type="checkbox"/> National Guard	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Other nonprofit organization (specify) ▶	<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other (specify) ▶ LLC-DISREGARD ENTITY	<input type="checkbox"/> State/local government		<input type="checkbox"/> Federal government/military		<input type="checkbox"/> Indian tribal government/enterprises
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8b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country																				
9* Reason for applying (check only one) <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Started new business (specify type) ▶</td> <td><input type="checkbox"/> Banking purpose (specify purpose) ▶</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12)</td> <td><input checked="" type="checkbox"/> Changed type of organization (specify new type) ▶ LLC-DISREGARD ENTITY</td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ▶</td> <td><input type="checkbox"/> Created a trust (specify type) ▶</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) ▶</td> </tr> </table>						<input type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶	<input type="checkbox"/> Hired employees (Check the box and see line 12)	<input checked="" type="checkbox"/> Changed type of organization (specify new type) ▶ LLC-DISREGARD ENTITY	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶		<input type="checkbox"/> Created a pension plan (specify type) ▶								
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10* Date business started or acquired (month, day, year) OCT 15 2004			11 Closing month of accounting year DEC																				
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year).....</i> ▶																							
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-".</i> ▶				Agriculture	Household																		
14* Check box that best describes the principal activity of your business <table border="0" style="width:100%"> <tr> <td><input checked="" type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental & leasing</td> <td><input type="checkbox"/> Transportation & warehousing</td> <td><input type="checkbox"/> Health care & social assistance</td> <td><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance & insurance</td> <td><input type="checkbox"/> Accommodation & food service</td> <td><input type="checkbox"/> Wholesale-other</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (specify)</td> <td><input type="checkbox"/> Retail</td> <td></td> </tr> </table>						<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Other (specify)			<input type="checkbox"/> Retail				
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15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. CARPET CLEANING																							
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Note If "Yes" please complete lines 16b and 16c</i>																							
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ BRIAN A LAVIGNE Trade name ▶ SUPERIOR SYSTEM																							
16c* Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN FEB 5 1986 COCOA FL 59 - 2624482																							
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form																							
Third Party Designee	Designee's name TWILA D MIDWOOD EA Address and ZIP code 3819 MURRELL ROAD ROCKLEDGE FL 32955			Designee's telephone number (include area code) (321) 636 - 8561 Designee's fax number (include area code) (321) 631 - 7208																			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)																			

▶ <u>BRIAN A LAVIGNE MANAGER MBR</u>	(<u>321</u>) <u>632</u> - <u>0126</u>
Signature ▶ Not Required	Applicant's fax number (include area code)
Date ▶ December 14, 2004 GMT	() -