

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000007424

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** SUPERIOR GLASS LTD. CO.

**Current Principal Place of Business:**

4641 NW 6TH ST  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

11689 SW 162ND AVENUE  
BROOKER, FL 32622

**Current Mailing Address:**

4641 NW 6TH ST  
GAINESVILLE, FL 32609

**New Mailing Address:**

11689 SW 162ND AVENUE  
BROOKER, FL 32622

**FEI Number:** 30-0025762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

URRUTIA, SAUL  
4641 NW 6TH ST  
GAINESVILLE, FL 32609 US

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

URRUTIA, SAUL  
11689 SW 162ND AVENUE  
BROOKER, FL 32622 US

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: SAUL URRUTIA

04/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: URRUTIA, SAUL  
Address: 11689 SW 162ND  
City-St-Zip: BROOKER, FL 32622

Title: MGRM ( ) Delete  
Name: URRUTIA, MAGDA  
Address: 18102 SW 111TH ST  
City-St-Zip: BROOKER, FL 32622

**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: SAUL URRUTIA

MGRM

04/28/2006

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