## **FILED 2008 LIMITED LIABILITY COMPANY** Apr 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # L04000007701** SOUTHERN SUPERFORM PRODUCTS LLC Principal Place of Business Mailing Address 8940 BRATT RD. 8940 BRATT RD. CENTURY, FL 32535 CENTURY, FL 32535 CR2E083 (12/07) 04092008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0703833 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SCHNEIDER, SHELDON 8940 BRATT RD. CENTURY, FL 32535 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 State of Florida. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) DATE

Applied For

Not Applicable

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

SIGNATURE:

9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGR SCHNEIDER, SHELDON 8940 BRATT RD. CENTURY, FL 32535	000000925733 05/20/08-80040-001 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filling 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 respirer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		

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