

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015227

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** SUPERIOR CONCRETE CONSTRUCTION, LLC

**Current Principal Place of Business:**

15420 COUNTY ROAD  
565A  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

3626 STATE ROAD 33  
CLERMONT, FL 34714 US

**Current Mailing Address:**

P O BOX 121430  
CLERMONT, FL 34711

**New Mailing Address:**

P O BOX 121430  
CLERMONT, FL 34712

**FEI Number:** 01-0807242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MARRA, PAULA S  
301 YAMATO  
4150  
BOCA RATON, FL 33431 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAPLES, SHANNON H  
Address: 427 NE AMORY  
City-St-Zip: SMITHVILLE, MO 64089

Title: MGRM ( ) Delete  
Name: BILLY, MAPLES L  
Address: 7206 N. WALNUT  
City-St-Zip: GLADSTONE, MO 64118

Title: MGRM ( ) Delete  
Name: KRISTIE, MAPLES L  
Address: 385 CATHERINE LN  
City-St-Zip: GROVELAND, FL 34736

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: KRISTIE L MAPLES

MGRM

05/01/2007

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