2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 13, 2007
Secretary of State

DOCUMENT# L04000079154

Entity Name: SUPERIOR LOCK & ROADSIDE, LLC

Current Principal Place of Business:

8255 W SUNRISE BLVD
124
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

8255 W SUNRISE BLVD
124
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 20-1822871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SUPERIOR ROADSIDE ASSISTANCE
8255 W SUNRISE BLVD
124
PLANTATION, FL 33322 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: SASKIN, MARSHALL
Address: 8255 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33322

Title: MGRM ( ) Delete
Name: SASKIN, MARLENE
Address: 8255 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33322

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SASKIN, ALLICIA
Address: 8255 W. SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33322

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

Title: MGRM ( ) Change (X) Addition
Name: SASKIN, MARSHALL
Address: 8255 W SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33322

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: MARSHALL SASKIN MGRM 06/13/2007

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