

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001985

FILED  
Jul 01, 2009  
Secretary of State

Entity Name: SUPERMAN STUCCO LLC

**Current Principal Place of Business:**

4632 BOBOLINK WAY  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

6001 QUINCE AVE.  
CRESTVIEW, FL 32539

**Current Mailing Address:**

4632 BOBOLINK WAY  
CRESTVIEW, FL 32539

**New Mailing Address:**

6001 QUINCE AVE.  
CRESTVIEW, FL 32539

FEI Number: 20-2113978      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:**

FOWLER, SHANNON  
4632 BOBOLINK WAY  
CRESTVIEW, FL 32539      US

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

FOWLER, SHANNON  
6001 QUINCE AVE  
CRESTVIEW, FL 32539      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: SHANNON FOWLER

07/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FOWLER, SHANNON  
Address: 4632 BOBOLINK WAY  
City-St-Zip: CRESTVIEW, FL 32539

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FOWLER, SHANNON  
Address: 6001 QUINCE AVE  
City-St-Zip: CRESTVIEW, FL 32539

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: SHANNON FOWLER

MGR

07/01/2009

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