(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP TIAW [MAIL (Business Entity Name) Certified Copies ____ Certificates of Status ___ Special Instructions to Filing Officer: Men Reo

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COVER LETTER

Division of Corporations
SUBJECT: Superior Services LLC (Name of Corporation)
DOCUMENT NUMBER: L 05000 30583
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Michael P. Herwander (Name of Person)
(Name of Firm/Company)
13325 SW 109 Ct. (Address)
Mikmir, Fl 33176 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Herwaubez at (305) 256-5678 (Name of Person) (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

MICHAEL P. HERNANDEZ 13325 SW 109 CT MIAMI, FL 33176

SUBJECT: SUPERIOR SERVICES LLC

Ref. Number: L05000030583

We have received your document for SUPERIOR SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to resign from this Limited Liability Company, the form submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 506A00012679

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Michael	HEnnandez	, hereby resign as	OFFICER	
			(Title)	
of Superior	n Senulces	LLC		
(Limited Liability Company)				
a limited liability company organized under the laws of the State of Florida				
and affirm that the limited liability company has been notified in writing of the resignation.				
MAN.				
(Signature of resigning manager, managing member or member)				

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314