

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


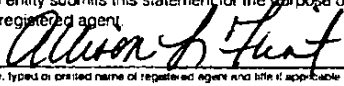
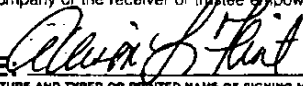
FILED
Jun 22, 2006 8:00 am
Secretary of State

05-03-2006 90040 015 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L05000035254					
1. Entity Name SUPER SOO, LLC					
Principal Place of Business 2316 NW FLINT ROAD ARCADIA FL 34266 US			Mailing Address 2316 NW FLINT ROAD ARCADIA FL 34266 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2660541	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SICA, VINCENT A 10 S. DESOTO AVENUE SUITE 101 ARCADIA FL 34266			7. Name and Address of New Registered Agent Name ALLISON L FLINT Street Address (P.O. Box Number is Not Acceptable) 2316 NW FLINT ROAD City ARCADIA, FL Zip Code 34266		
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.					
SIGNATURE  (NOTE: Registered Agent signature required when reconstituting) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLINT, ALLISON 2316 NW FLINT ROAD ARCADIA FL 34266 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE 			ALLISON L FLINT 2-14-06 941-812-8006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		