


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000039467 1. Entity Name SUPERIOR TRIM PRO, LLC |  |
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| Principal Place of Business 3231 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33803 | Mailing Address 3231 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33803 |
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04172007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 61-1492293 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SWIATEK, KIMBERLY M 3231 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33803 |
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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

000000724034
05/02/07-80095-010 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SWIATEK, KIMBERLY M 3231 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SANTANA, ALEJANDRO F 3231 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33803 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Kimberly Swiatek* **4/17/07** **863-661-4589**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #