

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

04-28-2006 90017 023 ****50.00

DOCUMENT # L05000049812 1. Entity Name SUPERIOR SALES & SERVICE, LLC					
Principal Place of Business 4530 LENOX AVENUE JACKSONVILLE, FL 32205 Jacksonville			Mailing Address 4530 LENOX AVENUE JACKSONVILLE, FL 32205 Jacksonville		
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 32-0150701	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PETTY, RICHARD 4530 LENOX AVENUE JACKSONVILLE, FL 32205 Jacksonville			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 relinquishing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	PETTY, RICHARD		NAME		
STREET ADDRESS	4530 LENOX AVENUE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32205		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			Richard Petty		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 04-17-06 Devoine Phone # 904-384-4000		

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