

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088773

FILED
Jun 02, 2008
Secretary of State

Entity Name: SUPREME DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

71 SNOWY OWL TERRACE
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

71 SNOWY OWL TERRACE
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-8178612 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:

DADE COUNTY CORPORATE AGENTS, INC.
18901 NE 29TH AVENUE
SUITE 100
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

PERRY & NEBLETT
2550 SOUTH BAYSHORE DR.
SUITE 11
MIAMI, FL 33133 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: DAVID NEBLETT

06/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZEVULONI, JOSEPH
Address: 71 SNOWY OWL TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: MGR (X) Delete
Name: ZEVULONI, Yaeli
Address: 71 SNOWY OWL TERRACE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH ZEVULONI

MGR

06/02/2008

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