

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000100571

1. Entity Name
SUPERIOR HEALTH AND EMPOWERMENT, LLC



Principal Place of Business
800 OCALA ROAD, SUITE 300-138
TALLAHASSEE, FL 32304

Mailing Address
800 OCALA ROAD, SUITE 300-138
TALLAHASSEE, FL 32304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3615404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REDGRAVE, DENISE A
800 OCALA ROAD, SUITE 300-138
TALLAHASSEE, FL 32304

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 mgr
NAME mem
STREET ADDRESS Denise Redgrave
CITY-ST-ZIP 800 ocala Rd, Ste 300-138
Tallahassee, FL 32304 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400070445334
CITY-ST-ZIP 04/14/06--01024--020 **50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Denise Redgrave

4/7/06

574-9267

FILED

06 APR -7 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

