2008 LIMITED LIABILITY COMPANY

Principal Place of Business 4050 LONGLEAF COURT TALLAHASSEE, FL 32310 ANNUAL REPORT DOCUMENT # L05000100571 1. Entity Name SUPERIOR HEALTH AND EMPOWERMENT, LLC 08 APR - 7 PH 1: 16 SECRETARY OF STATE TALLAHASSEE, FL 32310								
DOCUMENT # L05000100571 1. Entity Name						F	FILER	
SUPERIOR HEALTH AND EMPOWERMENT, LLC						08 APR	-7 PM .	
Principal Plac	e of Business	Mailing Address				TALCRETA	100 11 1:16	5
4050 LONGLEAF COURT		4050 LONGLEAF COURT			LLAHA	SSEP OF STAT		
TALLAHASSEE, FL 32310		TALLAHASSEE, FL 32310		 	1888 1800 1800 1888 1800	SEE. FLORID		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04072008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State			4. FEI Numbe 20-3615		N	pplied For ot Applicable
Zip	Country	Zip				of Status Desired	□ \$5.00 Ad Fee Require	ditional ⁻
	6. Name and Address of Current	ıme	7. Name and	Address of New R	egistered Agent			
REDGRAV	/E, DENIȘE A		ING.	ii ii c				
	GLEAF COURT SSEE, FL 32310	Street Address ((P.O. Box Number is Not Acceptable)			
			Cit	у			FL Zip Coo	Je
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 Agents/signature requiled whith reinstating).								
CALE TO THE TOTAL OF THE PROPERTY OF THE PROPE								
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						•	e check payable to Department of Stat	
9.	MANAGING MEMBE	RS/MANAGERS	10.		······································	ADDITIONS/	CHANGES	
TITLE	MGRM	☐ Delete	TITLE		,, ,		Change	Addition
NAME STREET ADDRESS	REDGRAVE, DENISE 4050 LONGLEAF COURT		NAME STREET ADD	RESS	1_ !!_ 04.707	/// ///// 01010	43230 016 **138	٦r [.]
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIF		047.017	,0001010-	01p **122	. 15
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NAME .			NAME					
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NAME			NAME				_ •	
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TITLE		☐ Delete	TITLE	<u> </u>			☐ Change	☐ Addition
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NAME		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADD					
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NAME		L. Deicie	NAME				onange	L Addition
STREET ADDRESS			STREET ADD					
CITY-ST-ZIP		04	CITY-ST-ZIF					
11. I hereby certify that the information supplied with this filling 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.								
1) 11 - 1 Redans 11/1/10								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, MR AUTHORIZED REPRESENTATIVE Date Dayline Phone #								