

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000103743**

1. Entity Name

SUPERIOR EVENTS, LLC



Principal Place of Business

3927 VENETIAN WAY  
TAMPA FL 33634  
US

Mailing Address

3927 VENETIAN WAY  
TAMPA FL 33634  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-3676876

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

CROWDER, ESTON W  
3927 VENETIAN WAY  
TAMPA FL 33634

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME: P ☐ Delete  
STREET ADDRESS: CROWDER, ESTON W  
CITY-ST-ZIP: 3927 VENETIAN WAY  
TAMPA FL 33634

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: U000000663983  
CITY-ST-ZIP: 03/22/07-80026-021 50.00

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Eston Crowder*

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

Date

Daytime Phone #