

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000109007

Entity Name: SUPERIOR SERVICES LLC

FILED  
Oct 24, 2008  
Secretary of State

**Current Principal Place of Business:**

14097 CRESTWICK DR. EAST  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

14097 CRESTWICK DR. EAST  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 75-3203207      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:**

STORY, TIERRA  
5561 LAFAYETTE PARK DRIVE NORTH  
JACKSONVILLE, FL 32244    US

**Name and Address of New Registered Agent:**

STORY, TIERRA  
14097 CRESTWICK DRIVE EAST  
JACKSONVILLE, FL 32218    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: TIERRA STORY

10/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STORY, TIERRA  
Address: 5561 LAFAYETTE PARK DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGRM ( ) Delete  
Name: STORY, FREDERICK  
Address: 5561 LAFAYETTE PARK DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32244

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STORY, TIERRA  
Address: 14097 CRESTWICK DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM (X) Change ( ) Addition  
Name: STORY, FREDERICK  
Address: 14097 CRESTWICK DRIVE EAST  
City-St-Zip: JACKSONVILLE, FL 32218

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: FREDERICK STORY

MGRM

10/24/2008

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