

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020788

Entity Name: SUPERCOMM LLC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

6116 GUNN HIGHWAY
TAMPA, FL 33625 US

New Principal Place of Business:

3814 GUNN HIGHWAY
SUITE A & C
TAMPA, FL 33618 US

Current Mailing Address:

PO BOX # 341979
TAMPA, FL 33694

New Mailing Address:

FEI Number: 20-4387845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUNJANI, NADIR
6116 GUNN HIGHWAY
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

PUNJANI, NADIR
3814 GUNN HIGHWAY
SUITE A & C
TAMPA, FL 33618 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: NADIR PUNJANI

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: PUNJANI, NADIR
Address: 6116 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33625 US

Title: CFO () Delete
Name: PUNJANI, FATIMA
Address: 6116 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33625 US

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: PUNJANI, NADIR
Address: 3814 GUNN HIGHWAY, SUITE A & C
City-St-Zip: TAMPA, FL 33618 US

Title: CFO (X) Change () Addition
Name: PUNJANI, FATIMA
Address: 3814 GUNN HIGHWAY, SUITE A & C
City-St-Zip: TAMPA, FL 33618 US

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: NADIR PUNJANI

MGR

04/08/2009

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