FILED Apr 09, 2007 8:00 am Secretary of State 04-09-2007 90348 038 ****50.00

2007	LIMITED LIABILITY	COMPANY
	ANNUAL REPOR	RT .

DOCUMENT # L06000047 1. Entity Name SUPERIOR RENTAL SERVICES, LL								
Principal Place of Business	Mailing Address							
2463 NATURE POINTE LOOP FT. MYERS, FL 33905	2463 NATURE POINTE FT. MYERS, FL 33905			_	0034013			
2. Principal Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03202007	Chg-LLC	CR2E08	3 (12/06)		
City & State	City & State	City & State		4. FÉI Numbe	35640			plied For t Applicable
Zip Country	Zip	Country			of Status Desired		5.00 Add	litional
6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Aç	ent	
WOJCIECHOWSKI, MARI B		Name	MARI	A BELEN	WOJCIECHO	OWSKI		
2463 NATURE POINTE LOOP FT. MYERS, FL 33905		Street Address (2463 h		P.O. Box Numbe IATURE POIN	er is Not Acceptabl ITE LOOP	e)		,
		City				FL	Zip Code	9
8. The above named entity submits this statement for	or the purpose of changing its	registered office		MYERS ed agent, or bot	h, in the State of FI		miliar with.	
the obligations of registered agent. SIGNATURE		•	J					
Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E Registered Agent signa	ature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007						ke check paj a Departme		•
9. MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE MGRM NAME WOJCIECHOWSKI, MARIA B	☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS 2463 NATURE POINTE LOOP CITY-ST-ZIP FT. MYERS, FL 33905		STREET ADDRESS CITY-ST-ZIP						
TITLE MGRM	□ Delete	TITLE		R, TREASURER			☐ Change	X Addition
NAME BAUER, SCOTT T STREET ADDRESS 2463 NATURE POINTE LOOP		NAME STREET ADORESS	MARTIN, 14371 I		IDING DRIVE, AI	PT 3B		
CITY-ST-ZIP FT. MYERS, FL 33905		CITY-ST-ZIP		EYERS, FLOR				
TITLE MGRM	⊠ Delete	TITLE					Change	☐ Addition
NAME JONES, JUSTIN M STREET ADDRESS 8530 PEGASUS DRIVE		NAME STREET ADDRESS						
CITY-ST-ZIP LEHIGH ACRES, FL 33971		CITY-ST-ZIP	<u> </u>					
TITLE NAME	☐ Delete	TITLE					Change	Addition :
IVARIE								
STREET ADDRESS		NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP								
CITY-ST-ZIP TITLE	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE					Change	☐ Addition
CITY-SI-ZIP	☐ Delete	STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addilion
CITY-ST-ZIP TITLE NAME	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME					☐ Change	☐ Addilion
CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					☐ Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				1	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ontained i	n Chapter 119, ade under oath	Florida Statutes. I f that I am a mana statutes.	1	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ontained i ect as if m by Chapt		Florida Statutes. I f that I am a mana statutes. I - 0 7 2	urther certify t	Change Change Change	Addition Addition

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Nam	MENT #L06000047						ልፐፕልሶ	HWE	NIT.	
Principal Place of Business 2463 NATURE POINTE LOOP FT. MYERS, FL 33905		Mailing Address 2463 NATURE POINTE LOOP FT. MYERS, FL 33905			ATTACHMENT 60034013					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03202007	Chg-LLC	CR2E0	83 (12/06)			
City & State		City & State			4. FEI Number 13-4335640				Applied For Not Applicable	
Zip	Country	Zip	Count	try		5. Certificate	of Status Desired		\$5.00 Add	
	6. Name and Address of Current F	Registered Agent				7. Name and	Address of New F	Registered A	gent	
WOJCJEC	HOWSKI, MARI B			Name	MARI	A BELEN	WOJCIECHO	OWSKI		
2463 NAT	URE POINTE LOOP S, FL 33905			Street Ad	dress (F 2463 N	P.O. Box Numb IATURE POI	er is Not Acceptabl NTE LOOP	e)	,,,,,1.1	
				City	FORT	MYERS		FL	Zip Cod 339	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or	registere	ed agent, or bo	oth, in the State of Fl	orida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	E Registered	d Agent signatur	ra requirect s	when reinstating)		DATE		
						,		52		
Fi Di	iling Fee is \$50.00 ue by May 1, 2007							ce check pa a Departmo		e
9.	MANAGING MEMBER	RS/MANAGERS	10.	· ·			ADDITIONS	/CHANGES		
title Name	MGRM WOJCIECHOWSKI, MARIA B	☐ Delete	1ITLE NAME	1					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	2463 NATURE POINTE LOOP FT. MYERS, FL 33905			ET ADDRESS -ST-ZIP						
THTLE	MGRM	□ Delete	INTE		MEMBER	R, TREASURER	₹	-	☐ Change	X Addition
NAME STREET ADDRESS	BAUER, SCOTT T 2463 NATURE POINTE LOOP		NAME	· I.	MARTIN, 14371 F		NDING DRIVE, A	PT 3R		
CITY-ST-ZIP	FT. MYERS, FL 33905					EYERS, FLOR		1.05		
TITLE	MGRM	∑ Delete	TITLE	:					☐ Change	Addition
NAME STREET ADDRESS	JONES, JUSTIN M 8530 PEGASUS DRIVE		NAME	E Et address						
CITY-ST-ZIP	LEHIGH ACRES, FL 33971			-ST-ZIP						
TITLE		☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS			NAME STREE	E Et address						
CITY-ST-ZIP				ST-ZIP						
TITLE		☐ Delete	TIFLE						☐ Change	Addition
NAME STREET ADDRESS			NAME STREE	ET ADDRESS						
CiTY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS			NAME STREE	ET ADDRESS						
CITY-ST-ZIP			CITY-	-ST-ZIP						
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and affect the and to bility company or the receive of toustee	this filing does not qualify for that my signature shall have empowered to execute this	the exenthe same report as	nptions cor legal effec required b	ntained in it as if ma y Chapte	n Chapter 119, ade under oath er 608, Florida	Florida Statutes. I fi n; that I am a mana Statutes.	urther certify ging membe	that the info r or manage	ormation er of the
SIGNAT	4241	ψ					-07			-65/2
JIGINAI	SIGNATURE AND TYPED OR PRINTED NAME OF	GNING MANAGING MEMBER, MAN	NAGER, OR	AUTHORIZEQ I	REPRESEN		Date	Da	iytime Phone #	