


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90348 038 \*\*\*\*50.00

<b>DOCUMENT # L06000047232</b> 1. Entity Name <b>SUPERIOR RENTAL SERVICES, LLC</b>					
Principal Place of Business <b>2463 NATURE POINTE LOOP FT. MYERS, FL 33905</b>			Mailing Address <b>2463 NATURE POINTE LOOP FT. MYERS, FL 33905</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>WOJCIECHOWSKI, MARI B 2463 NATURE POINTE LOOP FT. MYERS, FL 33905</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>MARIA BELEN WOJCIECHOWSKI</b> Street Address (P.O. Box Number is Not Acceptable) <b>2463 NATURE POINTE LOOP</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33905</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOJCIECHOWSKI, MARIA B 2463 NATURE POINTE LOOP FT. MYERS, FL 33905	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUER, SCOTT T 2463 NATURE POINTE LOOP FT. MYERS, FL 33905	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, JUSTIN M 8530 PEGASUS DRIVE LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing 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.					
<b>SIGNATURE:</b> _____ <b>4-1-07 239-218-6512</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

60034013



03202007 Chg-LLC CR2E083 (12/06)

4. FEI Number **13-4335640** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000047232

1. Entity Name  
SUPERIOR RENTAL SERVICES, LLC



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 Place of Business - No P.O. Box #		3. Mailing Address		03202007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-4335640	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOJCIECHOWSKI, MARI B 2463 NATURE POINTE LOOP FT. MYERS, FL 33905		Name MARIA BELEN WOJCIECHOWSKI	
		Street Address (P.O. Box Number is Not Acceptable) 2463 NATURE POINTE LOOP	
		City FORT MYERS FL Zip Code 33905	

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOJCIECHOWSKI, MARIA B 2463 NATURE POINTE LOOP FT. MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUER, SCOTT T 2463 NATURE POINTE LOOP FT. MYERS, FL 33905 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER, TREASURER MARTIN, JOHN 14371 HARBOR LANDING DRIVE, APT. 3B FORT MEYERS, FLORIDA 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, JUSTIN M 8530 PEGASUS DRIVE LEHIGH ACRES, FL 33971 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

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

Date

Daytime Phone #

4-1-07

238-218-6512