

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086593

FILED
Jul 08, 2008
Secretary of State

Entity Name: SUPERD LLC,

Current Principal Place of Business:

1300 HARTMAN ROAD
FORT PIERCE, FL 34946

New Principal Place of Business:

2962 CURTIS KING BLVD.
FORT PIERCE, FL 34946

Current Mailing Address:

1300 HARTMAN ROAD
FORT PIERCE, FL 34946

New Mailing Address:

2962 CURTIS KING BLVD.
FORT PIERCE, FL 34946

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYANT, MICHAEL B
2962 CURTIS KING BLVD.
FORT PIERCE, FL 34946 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOELKE, DENNIS J
Address: 1300 HARTMAN ROAD
City-St-Zip: FORT PIERCE, FL 34946 US

Title: MGRM () Delete
Name: NOELKE, JOSEPH H JR
Address: 1300 HARTMAN ROAD
City-St-Zip: FORT PIERCE, FL 34946 US

Title: MGRM () Delete
Name: BRYANT, MICHAEL B
Address: 2962 CURTIS KING BLVD.
City-St-Zip: FORT PIERCE, FL 34946 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL B. BRYANT

MGRM

07/08/2008

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