

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004695

Entity Name: SUPERSURFACE, LLC

FILED
Apr 03, 2008
Secretary of State

Current Principal Place of Business:

149 LOWELL ROAD
WINTER HAVEN, FL 33880

New Principal Place of Business:

697 WAKULLA DR
WINTER HAVEN, FL 33884

Current Mailing Address:

149 LOWELL ROAD
WINTER HAVEN, FL 33880

New Mailing Address:

697 WAKULLA DR
WINTER HAVEN, FL 33884

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIETO, THOMAS
149 LOWELL ROAD
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

NIETO, THOMAS
697 WAKULLA DR
WINTER HAVEN, FL 33884 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: THOMAS NIETO

04/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, STEPHEN
Address: 149 LOWELL ROAD
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM () Delete
Name: NIETO, THOMAS
Address: 149 LOWELL ROAD
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, STEPHEN
Address: 697 WAKULLA DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGRM (X) Change () Addition
Name: NIETO, THOMAS
Address: 697 WAKULLA DR
City-St-Zip: WINTER HAVEN, FL 33884

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: THOMAS NIETO

MGRM

04/03/2008

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