2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2

FILED
Jun 09, 2008 8:00 am
Secretary of State

04-23-2008 90124 043 ***138.75

DOCUMENT # L07000020055

1. Entity Name
SUPERIOR TOWING OF STUART LLC

Principal Place of Business	Mailing Address
~~12418 181ST PLACE NORTH~~	~~12418 181ST PL NORTH~~
JUPITER, FL 33478 US	JUPITER, FL 33478 US

04182008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	125 Venus ST	3. Mailing Address	Same
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State	Jupiter FL	City & State	
Zip 33458	Country PBCty	Zip	Country

4. FEI Number 26-2460025 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAPASSO, THOMAS E JR
~~12418 181ST PLACE NORTH~~
JUPITER, FL ~~33478~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
125 Venus ST

City Jupiter FL Zip Code 33458

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	CAPASSO, THOMAS E JR	
STREET ADDRESS	12418 181ST PLACE NORTH	
CITY-ST-ZIP	JUPITER, FL 33478	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: [signature] Thomas Capasso 4/18/08 561-747-3212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #