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
~~12418 181ST PLACE NORTH~~
JUPITER, FL 33478 US

Mailing Address
~~12418 181ST PL NORTH~~
JUPITER, FL 33478 US

2. Principal Place of Business - No P.O. Box #
125 Venus ST
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

04182008 Chg-LLC CR2E083 (12/06)

City & State
Jupiter FL

City & State

4. FEI Number
26-2460025
Applied For
Not Applicable

Zip
33458

Country
PBCty

Zip

Country

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		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAPASSO, THOMAS E JR	NAME	
STREET ADDRESS	12418 181ST PLACE NORTH	STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33478	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 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 #