


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90227 039 ***138.75

DOCUMENT # L07000036492 1. Entity Name SUPERIOR FINANCIAL SOLUTIONS, LLC					
Principal Place of Business 3378 CLARINE WAY W. DUNEDIN, FL 34698 US			Mailing Address 3378 CLARINE WAY W. DUNEDIN, FL 34698 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEE Number <div style="font-size: 1.2em; font-family: cursive;">20-8853701</div> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03242008 Chg-LLC CR2E083 (12/06)			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name <div style="font-size: 1.2em; font-family: cursive;">Michael F Manies</div> Street Address (P.O. Box Number is Not Acceptable) <div style="font-size: 1.2em; font-family: cursive;">3378 Clarine way w</div> City <div style="font-size: 1.2em; font-family: cursive;">Dunedin</div> FL Zip Code <div style="font-size: 1.2em; font-family: cursive;">34698</div>		
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 <div style="font-size: 1.2em; font-family: cursive;">[Signature]</div> (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANIES, MICHAEL F 606 LEMBO CIR #107 CLEARWATER, FL 33765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Manies, Michael M 3378 Clarine way w Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORT, CURTIS R 914 NICHOLSON ST CLEARWATER, FL 33755	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fort, Curtis R 3378 Clarine way w Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.					
SIGNATURE: <div style="font-size: 1.2em; font-family: cursive;">[Signature]</div>			Date <div style="font-size: 1.2em; font-family: cursive;">3/24/08</div> Daytime Phone # _____		