

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036492

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** SUPERIOR FINANCIAL SOLUTIONS, LLC

**Current Principal Place of Business:**

7762 85TH LANE N  
SEMINOLE, FL 33777 US

**New Principal Place of Business:**

3024 BONAVENTURE CIR  
SUITE #103  
PALM HARBOR, FL 34684 US

**Current Mailing Address:**

7762 85TH LANE N  
SEMINOLE, FL 33777 US

**New Mailing Address:**

3024 BONAVENTURE CIR  
SUITE #103  
PALM HARBOR, FL 34684 US

**FEI Number:** 20-8853701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANIES, MICHAEL F  
7762 85TH LANE N  
SEMINOLE, FL 33777 US

**Name and Address of New Registered Agent:**

MANIES, MICHAEL F  
3024 BONAVENTURE CIR  
SUITE #103  
PALM HARBOR, FL 34684 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:** MIKE MANIES

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MANIES, MICHAEL F  
**Address:** 3378 CLARINE WAY W  
**City-St-Zip:** DUNEDIN, FL 34698 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** MANIES, MICHAEL F  
**Address:** 3024 BONAVENTURE CIR  
**City-St-Zip:** SUITE #103, FL 34684 US

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:** MIKE MANIES

MGRM

04/30/2009

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