

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90173 004 ***138.75

DOCUMENT # L07000078604

1. Entity Name
SUPERIOR PROCESS SERVICE, LLC



Principal Place of Business
120 EAST 38 STREET
HIALEAH, FL 33013 US

Mailing Address
PO BOX 133097
HIALEAH, FL 33012-3097

60017947



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

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

03142008 Chg-LLC CR2E083 (12/06)

City & State
 Zip Country

4. FEI Number
45-0568399

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLA, CARLOS A
120 EAST 38 STREET
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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 - NAME MGRM CASTILLA, MIRELIS | <input type="checkbox"/> Delete |
| STREET ADDRESS 120 EAST 38 STREET | |
| CITY - ST - ZIP HIALEAH, FL 33013 | |
| TITLE - NAME MGRM CASTILLA, CARLOS A | <input type="checkbox"/> Delete |
| STREET ADDRESS 120 EAST 38 STREET | |
| CITY - ST - ZIP HIALEAH, FL 33013 | |
| TITLE - NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE - NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE - NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

10. ADDITIONS/CHANGES

| | |
|-----------------|---|
| TITLE - NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE - NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE - NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE - NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  **3/14/08** **(305) 322-2554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #