

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 14, 2008 8:00 am
Secretary of State

07-11-2008 90066 008 ***138.75

DOCUMENT # L07000096340 1. Entity Name SUPERIOR WATERPROOFING AND CERAMIC INSULATION, LLC					
Principal Place of Business 9600 W. CARAVAN PATH CRYSTAL RIVER, FL 34428			Mailing Address 9600 W. CARAVAN PATH CRYSTAL RIVER, FL 34428		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07082008 Chg-LLC CR2E083 (12/06)	
4. FEI Number <div style="text-align: center; font-size: 1.2em;">26-1125370</div>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent COLLINS, GARY 9600 W. CARAVAN PATH CRYSTAL RIVER, FL 34428	
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 _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COLLINS, GARY 9600 W. CARAVAN PATH CRYSTAL RIVER, FL 34428 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLLINS, KAROL 9600 W. CARAVAN PATH CRYSTAL RIVER, FL 34428 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Gary Collins* 7-8-08 (352) 533-4777