

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L93000000394

FILED  
Jul 26, 2007  
Secretary of State

**Entity Name:** SUPER-MIAMI OF DADE COUNTY, L.C.

**Current Principal Place of Business:**

11739 S. DIXIE HWY.  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2288  
COTTONWOOD, CA 96022 US

**New Mailing Address:**

FEI Number: 65-0457129      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ECENBARGER, KATHRYN  
Address: 3270 MAIN ST., RED DOOR  
City-St-Zip: COTTONWOOD, CA 96022

Title: MGRM ( ) Delete  
Name: GORE, BETTY  
Address: 3270 MAIN ST., RED DOOR  
City-St-Zip: COTTONWOOD, CA 96022

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KATHRYN ECENBARGER

MGR

07/26/2007

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