

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002149

Entity Name: SUPERIOR ISLAND SERVICES LLC

FILED
Feb 10, 2007
Secretary of State

Current Principal Place of Business:

502 69TH ST.
HOLMES BEACH, FL 34217

New Principal Place of Business:

Current Mailing Address:

502 69TH ST.
HOLMES BEACH, FL 34217

New Mailing Address:

FEI Number: 59-3573840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, CLARK
502 69TH ST.
HOLMES BEACH, FL 34217 US

Name and Address of New Registered Agent:

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: POOLE, GWENDOLYN
Address: 502 69TH ST.
City-St-Zip: HOLMES BEACH, FL 34217

Title: MGRM () Delete
Name: POOLE, CLARK
Address: 502 69TH ST.
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POOLE, GWENDOLYN M PRES.
Address: 502 69TH ST.
City-St-Zip: HOLMES BEACH, FL 34217

Title: MGRM (X) Change () Addition
Name: POOLE, CLARK VP
Address: 502 69TH ST.
City-St-Zip: HOLMES BEACH, FL 34217

I hereby certify that the information supplied with this filing does not qualify for the 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: CLARK POOLE

MGRM

02/10/2007

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