


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90048 018 \*\*\*138.75

<b>DOCUMENT # L99000006503</b>	
1. Entity Name <b>SUPREME SOD, L.L.C.</b>	

Principal Place of Business <b>1411 MAYTOWN RD. OSTEEN, FL 32764</b>	Mailing Address <b>1091 NEW CASTLE LANE OVIEDO, FL 32765</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>5560 White Heron PL</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <b>Oviedo, FL</b>
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Zip	Country	Zip <b>32765</b>	Country <b>U. S. A.</b>
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6. Name and Address of Current Registered Agent <b>BLODIG, GREGORY J 100 WEST CYPRESS CREEK RD, STE 700 FT LAUDERDALE, FL 33309</b>	
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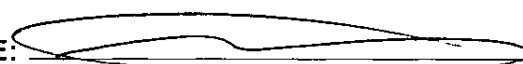
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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.	
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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WHITING, NICHOLAS 1091 NEW CASTLE LANE OVIEDO, FL 32765</b> <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.	
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<b>SIGNATURE:</b>		<b>1/9/08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>Nicholas Whiting, Managing Member</b>		Date
		Daytime Phone #