

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000543358

**Entity Name:** SUPERIOR SHINE SOLUTIONS LLC

**Current Principal Place of Business:**

113 LOUIS AVE  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

113 LOUIS AVE  
LEHIGH ACRES, FL 33936

**FEI Number:** 93-4781384

**Certificate of Status Desired:** Yes

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

FRIEDHOFFER, TYLER R  
113 LOUIS AVE  
LEHIGH ACRES, FL 33936 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

**Authorized Person(s) Detail :**

Title MGR  
Name FRIEDHOFFER, TYLER R  
Address 113 LOUIS AVE  
City-State-Zip: LEHIGH ACRES FL 33936

Title AP  
Name TYLER FRIEDHOFFER  
Address 113 LOUIS AVE  
City-State-Zip: LEHIGH ACRES FL 33936

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TYLER FRIEDHOFFER

**OWNER**

**03/19/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date