

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000101853

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** SPECIALTY MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

12670 CREEKSIDE LANE  
FT. MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

12670 CREEKSIDE LANE  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 27-3635028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEHALIK, JOHN  
12670 CREEKSIDE LANE  
FT. MYERS, FL 33919 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  
Name: MEHALIK, JOHN  
Address: 12670 CREEKISDE LANE SUITE 202  
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM  
Name: HUMBERT, EDWARD  
Address: 12841 TERABELLA WAY  
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM  
Name: SPRINGER, CHARLES  
Address: 2531 CLEVELAND AVE SUITE #1  
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM  
Name: CURCIONE, PETER  
Address: 11970 ROSEMOUNT DR.  
City-St-Zip: FORT MYERS, FL 33913

I hereby 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: JOHN MEHALIK

MGRM

04/13/2012

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