

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000119607

FILED  
Jan 04, 2012  
Secretary of State

Entity Name: SPECIALTY METRICS, LLC

**Current Principal Place of Business:**

555 WINDERLEY PLACE  
#300  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

555 WINDERLEY PLACE  
#300  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 27-3471984      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MICHELE, EARNEY  
555 WINDERLEY PLACE  
#300  
MAITLAND, FL 32751 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: MGR  
Name: LARUE HOLDINGS, LLC  
Address: 100 RIVERSIDE DRIVE 901A  
City-St-Zip: COCOA, FL 32922

Title: MGR  
Name: SETTLEMENT METRICS, LLC  
Address: 3850 N. CAUSEWAY BLVD STE 400  
City-St-Zip: METAIRIE, LA 70002

Title: MGR  
Name: PTG HOLDINGS, LLC  
Address: 312 BROCKENBRAUGH COURT  
City-St-Zip: METAIRIE, LA 70005

Title: MGR  
Name: MSA METRICS, LLC  
Address: 3850 N. CAUSEWAY BLVD STE 400  
City-St-Zip: METAIRIE, LA 70002

Title: MGR  
Name: EARNEY ENTERPRISE, LLC  
Address: 2251 CATBRIAR WAY  
City-St-Zip: OVIEDO, FL 32765

Title: MGR  
Name: MARILYN, LITWIN  
Address: 526 LAND O LAKES COURT  
City-St-Zip: DELAND, FL 32724

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: DENISE OLIVA

MRS

01/04/2012

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