## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000083414

Entity Name: FLORIDA SPECIALTIES LLC

**Current Principal Place of Business:** 

328 BOW LINE BEND NAPLES. FL 34103

**Current Mailing Address:** 

328 BOW LINE BEND NAPLES, FL 34103 US

FEI Number: APPLIED FOR Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOOD, DOUGLAS A 700 11TH STREET SOUTH SUITE 102 NAPLES, FL 34102 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: DOUGLAS A WOOD 01/26/2016

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name STROHL, ERIC Name STROHL LIVING TRUST, MYLES L

Address 328 BOW LINE BEND Address 328 BOW LINE BEND

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

Title MGRM

Name STROHL, KAREN
Address 328 BOW LINE BEND
City-State-Zip: NAPLES FL 34103

SIGNATURE: KAREN STROHL

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.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

01/26/2016

FILED Jan 26, 2016

**Secretary of State** 

CC2748847838

Date