

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000083414

**Entity Name:** FLORIDA SPECIALTIES LLC

**Current Principal Place of Business:**

601 EAST MAIN STREET  
IMMOKALEE, FL 34142

**Current Mailing Address:**

601 EAST MAIN STREET  
IMMOKALEE, FL 34142

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BAILEY JR CPA, RONALD  
601 EAST MAIN STREET  
IMMOKALEE, FL 34142 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 MGRM  
Name STROHL, ERIC  
Address 601 E. MAIN  
City-State-Zip: IMMOKALEE FL 34142

Title MGRM  
Name STROHL LIVING TRUST, MYLES L  
Address 601 E. MAIN  
City-State-Zip: IMMOKALEE FL 34142

Title MGRM  
Name STROHL, KAREN  
Address 601 E. MAIN  
City-State-Zip: IMMOKALEE FL 34142

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STROHL LIVING TRUST MYLES

**MEMBER**

**01/28/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date