

**2015 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  
8955 FONTANA DEL SOL  
CO RONALD BAILEY JR CPA  
NAPLES, FL 34109 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

Title MANAGER  
Name BAILEY JR, RONALD CPA  
Address 601 EAST MAIN STREET  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RONALD BAILEY JR CPA

MGR

01/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date