

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000121861

Entity Name: ALI SPECIALTIES, LLC

Current Principal Place of Business:

1614 N 17TH STREET
TAMPA, FL 33605

Current Mailing Address:

P.O. BOX 1797
TAMPA, FL 33601

FEI Number: 27-1581425

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TK REGISTERED AGENT, INC.
101 E KENNEDY BLVD
STE 2700
TAMPA, FL 33602 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 MGR
Name CARR, ALLISON
Address PO BOX 1797
City-State-Zip: TAMPA FL 33601

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: ALLISON CARR

OWNER

04/04/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date