

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000101853

Entity Name: SPECIALTY MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

12670 CREEKSIDE LANE
FT. MYERS, FL 33919

Current Mailing Address:

12670 CREEKSIDE LANE
FORT MYERS, FL 33919

FEI Number: 27-3635028

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEHALIK, JOHN
12670 CREEKSIDE LANE
FT. MYERS, FL 33919 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 MANAGER
Name MEHALIK, JOHN
Address 12670 CREEKISDE LANE SUITE 202
City-State-Zip: FORT MYERS FL 33919

Title MANAGER
Name HUMBERT, EDWARD
Address 12841 TERABELLA WAY
City-State-Zip: FORT MYERS FL 33912

Title MANAGER
Name CURCIONE, PETER
Address 11970 ROSEMOUNT DR.
City-State-Zip: FORT MYERS FL 33913

Title MANAGER
Name SCHWARTZ, JEREMY
Address 2531 CLEVELAND AVE
 SUITE 1
City-State-Zip: FORT MYERS FL 33901

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: JOHN MEHALIK

MANAGER

04/07/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date