

**2013 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 MGRM  
Name MEHALIK, JOHN  
Address 12670 CREEKISDE LANE SUITE 202  
City-State-Zip: FORT MYERS FL 33919

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

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

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

**SIGNATURE: JOHN MEHALIK**

**MANAGING MEMBER**

**04/20/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date