

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000101853

**Entity Name:** SPECIALTY MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

12670 CREEKSIDE LANE  
SUITE 202  
FT. MYERS, FL 33919

**Current Mailing Address:**

12670 CREEKSIDE LANE  
SUITE 202  
FORT MYERS, FL 33919 US

**FEI Number:** 27-3635028

**Certificate of Status Desired:** No

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

MEHALIK, JOHN  
12670 CREEKSIDE LANE  
SUITE 202  
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**

**03/15/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date