

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000132114

**Entity Name:** SPEAL, LLC

**Current Principal Place of Business:**

10145 103RD STREET  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

155 S. MAIN STREET  
UNIT 528  
MOUNT CLEMENS, MI 48046 US

**FEI Number:** 27-4528243

**Certificate of Status Desired:** No

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

KRAUS, MICHAEL LP.A.  
400 FIFTH AVENUE SOUTH  
STE. 200  
NAPLES, FL 34102 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	Title	AUTHORIZED REPRESENTATIVE
Name	POSTILL, LAURA A	Name	CAMERON , CHERYL A
Address	155 S. MAIN STREET UNIT 528	Address	155 S. MAIN STREET UNIT 528
City-State-Zip:	MOUNT CLEMENS MI 48046	City-State-Zip:	MOUNT CLEMENS MI 48046

*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:** CHERYL A. CAMERON

**AGENT**

**04/26/2022**

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

\_\_\_\_\_  
Date