

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000132114

Entity Name: SPEAL, LLC

Current Principal Place of Business:

8494 HWY 39 SOUTH
PLANT CITY, FL 33567

Current Mailing Address:

4400 DOVE ROAD
PORT HURON, MI 48060 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
Name POSTILL, DAVID P
Address 4400 DOVE ROAD
City-State-Zip: PORT HURON MI 48060

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: DAVID POSTILL

AUTHORIZED AGENT

04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date