

2021 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

03/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date