

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000119510

**Entity Name:** SPECIALTY MOVING AND CRATING SERVICES, LLC

**Current Principal Place of Business:**

12415 HAGAN CREEK DR.  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

12415 HAGAN CREEK DR.  
JACKSONVILLE, FL 32218 US

**FEI Number: 45-4423419**

**Certificate of Status Desired: No**

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

WALFORD, JAMES  
12415 HAGAN CREEK DR.  
JACKSONVILLE, FL 32218 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 WALFORD, JAMES  
Address 12415 HAGAN CREEK DRIVE  
City-State-Zip: JACKSONVILLE FL 32218

*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: JAMES WALFORD**

**MANAGER**

**03/19/2013**

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

\_\_\_\_\_  
Date