## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000083111

Entity Name: NORTHEAST FLORIDA SPECIALTIES, LLC

**Current Principal Place of Business:** 

45200 DORMAN PLACE CALLAHAN, FL 32011

**Current Mailing Address:** 

45200 DORMAN PLACE CALLAHAN, FL 32011 US

FEI Number: 80-0935886 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MIZELL, DEVIN S MR. 45383 GREEN AVE. CALLAHAN, FL 32011 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: DEVIN S. MIZELL 05/01/2016

Electronic Signature of Registered Agent

Date

FILED May 01, 2016

**Secretary of State** 

CC0146071328

Authorized Person(s) Detail:

Title MGR Title MGR

NameMIZELL, WALTER SNameMIZELL, DENISE DAddress45200 DORMAN PLACEAddress45200 DORMAN PLACECity-State-Zip:CALLAHAN FL 32011City-State-Zip:CALLAHAN FL 32011

Title MGR

Name MIZELL, DEVIN S
Address 45383 GREEN AVE.
City-State-Zip: CALLAHAN FL 32011

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: WALTER S. MIZELL

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

05/01/2016

Date