

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000126953

Entity Name: SPECIALTY INVESTIGATIONS, LLC

Current Principal Place of Business:

6871 SYCAMORE STREET
JACKSONVILLE, FL 32219

Current Mailing Address:

6871 SYCAMORE STREET
JACKSONVILLE, FL 32219 US

FEI Number: 46-3414061

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLISON, KENNY
6871 SYCAMORE STREET
JACKSONVILLE, FL 32219 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 MGR
Name ALLISON, KENNY D
Address 6871 SYCAMORE STREET
City-State-Zip: JACKSONVILLE FL 32219

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: KENNY ALLISON

MANAGER

04/25/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date