

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000154777

**Entity Name:** SPECIALTY MANAGEMENT LLC

**Current Principal Place of Business:**

4243 BIRDSONG BLVD.  
BUILDING C, UNIT 325  
LUTZ, FL 33559

**Current Mailing Address:**

P O BOX 7838  
WESLEY CHAPEL, FL 33545 US

**FEI Number:** 80-0958436

**Certificate of Status Desired:** No

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

JUSTUS, CHARLES P II  
4243 BIRDSONG BLVD.  
BUILDING C, UNIT 325  
LUTZ, FL 33559 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 JUSTUS, CHARLES P II  
Address P O BOX 7838  
City-State-Zip: WESLEY CHAPEL FL 33545

Title MGRM  
Name JUSTUS, SUE  
Address P O BOX 7838  
City-State-Zip: WESLEY CHAPEL FL 33545

Title MGRM  
Name CHARLES P JUSTUS II, INC  
Address P O BOX 7838  
City-State-Zip: WESLEY CHAPEL FL 33545

*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:** SUE JUSTUS

**MANAGER**

**02/01/2017**

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

\_\_\_\_\_  
Date