

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000080522

**Entity Name:** SPECIALTY LEASING LLC

**Current Principal Place of Business:**

13762 W STATE ROAD 84  
#167  
DAVIE, FL 33325

**Current Mailing Address:**

13762 W STATE ROAD 84  
#167  
DAVIE, FL 33325 US

**FEI Number:** 90-1068799

**Certificate of Status Desired:** No

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

AMBER ROSE EDWARDS  
13762 W STATE ROAD 84  
#167  
DAVIE, FL 33325 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 AMBER ROSE EDWARDS  
Address 13762 W STATE ROAD 84  
#167  
City-State-Zip: DAVIE FL 33325

*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:** AMBER EDWARDS

**MANAGER**

**02/23/2016**

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

\_\_\_\_\_  
Date