

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000182675

**Entity Name:** SPECIALTY MEDICAL EDUCATION LLC

**Current Principal Place of Business:**

825 E COWBOY WAY  
LABELLE, FL 33935

**Current Mailing Address:**

6688 DABNEY STREET  
FORT MYERS, FL 33966 US

**FEI Number: 83-1659703**

**Certificate of Status Desired: Yes**

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

FLETCHER, PAMELA  
6688 DABNEY STREET  
FORT MYERS, FL 33966 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            AMBR  
Name            FLETCHER, PAMELA LOIS  
Address        6688 DABNEY STREET  
City-State-Zip: FORT MYERS FL 33966

*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: PAMELA LOIS FLETCHER**

**OWNER**

**03/05/2019**

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

\_\_\_\_\_ Date