

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000187757

**Entity Name:** SPECIALTY MANAGEMENT SOLUTIONS LLC

**Current Principal Place of Business:**

12213 NW 35TH STREET  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

12213 NW 35TH STREET  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 84-2608452

**Certificate of Status Desired:** No

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

CAPELLA, LES  
12213 NW 35TH STREET  
CORAL SPRINGS, FL 33065 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 CAPELLA, LES  
Address 6626 NW 127TH TERRACE  
City-State-Zip: PARKLAND FL 33067

*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:** LESLIE CAPELLA

**OWNER**

**02/01/2021**

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

\_\_\_\_\_  
Date