

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000354184

**Entity Name:** SPECIALIST GLASS SOLUTIONS LLC

**Current Principal Place of Business:**

5901 TURIN STREET  
CORAL GABLES, FL 33146

**Current Mailing Address:**

6303 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI, FL 33126 US

**FEI Number:** 85-3957294

**Certificate of Status Desired:** No

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

CF REGISTERED AGENT, INC.  
100 S ASHLEY DR STE 400  
TAMPA, FL 33602 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 DWIGHT, DEXTER  
Address 5901 TURIN STREET  
City-State-Zip: CORAL GABLES FL 33146

*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:** DEXTER DWIGHT

MANAGER

01/20/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date