

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000001570

**Entity Name:** SPECIALTY INVESTMENTS, L.C.

**Current Principal Place of Business:**

800 E MELBOURNE AVENUE  
MELBOURNE, FL 32901

**Current Mailing Address:**

P.O. BOX 223  
GRANT, FL 32949 US

**FEI Number: 59-3569157**

**Certificate of Status Desired: No**

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

FALLACE, JAMES H  
1900 S. HICKORY STREET  
MELBOURNE, FL 32901 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            SWITZLER, THOMAS  
Address        P.O. BOX 223  
City-State-Zip: GRANT FL 32949

*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: THOMAS D SWITZLER**

**MANAGER**

**01/29/2016**

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

\_\_\_\_\_  
Date