

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000002791

**Entity Name:** SPECIALTY PLUS, LLC

**Current Principal Place of Business:**

810 MEADOW LANE  
ELM GROVE, WI 53122

**Current Mailing Address:**

810 MEADOW LANE  
ELM GROVE, WI 53122

**FEI Number:** 27-3626670

**Certificate of Status Desired:** No

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

HUBCO REGISTERED AGENTS SERVICES, INC.  
155 OFFICE PLAZA DRIVE, 1ST FL  
TALLAHASSEE, FL 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 MGRM  
Name JOHNSON, DENNIS L  
Address 810 MEADOW LANE  
City-State-Zip: ELM GROVE WI 53122

*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:** DENNIS L JOHNSON

MGRM

02/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date