

## ANNUAL REPORT

DOCUMENT # L00000004917

1. Entity Name

SPECIALIZED MARKETING CONCEPTS, LLC



Principal Place of Business

567 INTERSTATE BLVD  
SARASOTA, FL 34240

Mailing Address

567 INTERSTATE BLVD  
SARASOTA, FL 34240**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

04282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
65-1003299

Applied For

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

DIERCKS, LEE ALAN  
567 INTERSTATE BLVD  
SARASOTA, FL 34240**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004U00000142059  
04/30/04-80037-011 50.00

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIERCKS, LEE ALAN 567 INTERSTATE BLVD SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

*Lee M. Diercks*