

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000050369

**FILED  
Apr 18, 2011  
Secretary of State**

**Entity Name:** SPECIALTY SERVICES LLC

**Current Principal Place of Business:**

7824 CENTERVILLE RD.  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15131  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 27-0073392      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CAMPBELL, KEN  
7824 CENTERVILLE RD.  
TALLAHASSEE, FL 32309      US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CAMPBELL, KEN  
**Address:** PO BOX 15131  
**City-St-Zip:** TALLAHASSEE, FL 32317

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KEN CAMPBELL      MGRM      04/18/2011

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date