

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098450

FILED  
Jan 11, 2007  
Secretary of State

**Entity Name:** SPECIALTY SERVICES INTERNATIONAL, LLC

**Current Principal Place of Business:**

12491 SE 91ST TERRACE ROAD  
SUMMERFIELD, FL 34491 US

**New Principal Place of Business:**

**Current Mailing Address:**

12491 SE 91ST TERRACE ROAD  
SUMMERFIELD, FL 34491 US

**New Mailing Address:**

**FEI Number:** 20-3582444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KING, WILLIAM A ESQUIRE  
1531 SOUTHEAST 36TH AVENUE  
OCALA, FL 34471 US

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

MILLER, WARREN N  
206 SW 10TH STREET  
OCALA, FL 34474 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: WARREN N MILLER

01/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SINCLAIR, JOSEPH R JR.  
Address: 12491 SE 91ST TERRACE ROAD  
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: MGRM ( ) Delete  
Name: SINCLAIR, CAROL L  
Address: 12491 SE 91ST TERRACE ROAD  
City-St-Zip: SUMMERFIELD, FL 34491 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOSEPH R SINCLAIR JR

MGRM

01/11/2007

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