

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008972

Entity Name: ARI SPECIALTIES, L.L.C.

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3660 N. US 1  
MIMS, FL 32754

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 765  
MIMS, FL 32754

**New Mailing Address:**

FEI Number: 26-2593115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDERSON, ERIC A MMBR  
3660 N. US 1  
MIMS, FL 32754 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: MMBR  
Name: ANDERSON, ROBERT J  
Address: 3660 N. US 1  
City-St-Zip: MIMS, FL 32754

Title: MMBR  
Name: ANDERSON, WILLIAM R  
Address: 3660 N. US 1  
City-St-Zip: MIMS, FL 32754

Title: MMBR  
Name: ANDERSON, ERIC A  
Address: 3660 N. US 1  
City-St-Zip: MIMS, FL 32754

Title: MMBR  
Name: ANDERSON, JOHN M  
Address: 3660 N. US 1  
City-St-Zip: MIMS, FL 32754

Title: MMBR  
Name: DONNELLY, WOODY  
Address: 3660 N. US 1  
City-St-Zip: MIMS, FL 32754

Title: MMBR  
Name: MARTIN, JEREMY K  
Address: 3660 N. US 1  
City-St-Zip: MIMS, FL 32754

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: ERIC A. ANDERSON

MBR

02/23/2011

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