

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000126044

**FILED**  
**Feb 11, 2012**  
**Secretary of State**

**Entity Name:** SPECIALTY RETAIL INNOVATIONS, LLC

**Current Principal Place of Business:**

5366 OLD DIXIE HIGHWAY  
GRANT, FL 32949 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 359  
GRANT, FL 32949 US

**New Mailing Address:**

**FEI Number:** 27-4691229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH, DENNIS M  
5366 OLD DIXIE HIGHWAY  
GRANT, FL 32949 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:** SMITH, DENNIS M  
**Address:** 5366 OLD DIXIE HIGHWAY  
**City-St-Zip:** GRANT, FL 32949 US

**Title:** MGRM  
**Name:** FABRIZIO, STEVEN S  
**Address:** 1810 BROOKSHIRE CIRCLE  
**City-St-Zip:** WEST MELBOURNE, FL 32904 US

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:** DENNIS M SMITH

MGRM

02/11/2012

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