

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000935

1. Entity Name  
SPECIALTY SALES, LLC

Principal Place of Business  
579 N.E. PLANTATION RD.  
OCEAN HOUSE 308 NORTH  
STUART FL 34996

Mailing Address  
579 N.E. PLANTATION RD.  
OCEAN HOUSE 308 NORTH  
STUART FL 34996

FILED

01 JAN 16 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ocean House 308-N

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2444204

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENTWORTH, RICHARD H  
579 NE PLANTATION RD / Ocean House 308-N  
STUART FL 34996

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 *Richard H Wentworth*  
Signature, typed or printed name of registered agent and title if applicable.

*Richard H Wentworth MGRM 01-11-01*  
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME WENTWORTH, RICHARD H  
STREET ADDRESS 579 NE PLANTATION RD / Ocean House 308-N  
CITY-ST-ZIP STUART FL 34996

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 100003567931--4  
CITY-ST-ZIP -01/23/01--01074--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGRM ☐ Delete  
NAME PETERSEN, GREGORY A  
STREET ADDRESS 1810 SEVERINSEN STREET  
CITY-ST-ZIP HOLLISTER CA 95023

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Richard H Wentworth MGRM* Richard H Wentworth 01-11-01 561 225 3888

CR2E083 (11/00)