

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000164068

Entity Name: 401 SPECIALTY LLC**Current Principal Place of Business:**1096 OSWEGO LANE
THE VILLAGES, FL 32162**Current Mailing Address:**1096 OSWEGO LANE
THE VILLAGES, FL 32162 US**FEI Number:** 47-2223791**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIGUEIREDO, MARIE T
1096 OSWEGO LANE
THE VILLAGES, FL 32162 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :Title AUTHORIZED MEMBER
Name HOWARD, JAMIE W
Address 7429 E WYNFIELD LOOP
City-State-Zip: MIDLAND GA 31820Title AUTHORIZED MEMBER
Name QUINN, PATRICIA A
Address 14422 LAKESIDE VIEW WAY
City-State-Zip: CYPRESS TX 77429Title AUTHORIZED MEMBER
Name QUINN, JACOB M
Address 14422 LAKESIDE VIEW WAY
City-State-Zip: CYPRESS TX 77429Title AUTHORIZED MEMBER
Name QUINN, ALEXANDER J
Address 14422 LAKESIDE VIEW WAY
City-State-Zip: CYPRESS TX 77429Title AUTHORIZED MEMBER
Name HOWARD, ANGELA M
Address 7249 E. WYNFIELD LOOP
City-State-Zip: MIDLAND GA 31820Title MANAGER
Name FIGUEIREDO, MARIE T
Address 1096 OSWEGO LANE
City-State-Zip: THE VILLAGES FL 32162

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIE T. FIGUEIREDO

MGRM

01/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date