

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000164509

**Entity Name:** 451 SPECIALTY LLC

**Current Principal Place of Business:**

530 SRONALD REAGAN BLVD #100  
LONGWOOD, FL 32750

**Current Mailing Address:**

530 SRONALD REAGAN BLVD #100  
LONGWOOD, FL 32750

**FEI Number:** 47-2263153

**Certificate of Status Desired:** No

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

FIGUEIREDO, MARIE T  
530 SRONALD REAGAN BLVD #100  
LONGWOOD, FL 32750 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 AMBR  
Name FIGUEIREDO, MARIE T  
Address 530 SRONALD REAGAN BLVD #100  
City-State-Zip: LONGWOOD FL 32750

Title MGR  
Name MAKSIMOWICZ, ROBERT J  
Address 530 SRONALD REAGAN BLVD #100  
City-State-Zip: LONGWOOD FL 32750

Title MGR  
Name HOWARD, JAMIE M  
Address 7429 E WHYFIELD LOOP  
City-State-Zip: MIDLAND GA 31820

*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 FIGUEIREDO

MGR

02/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date