

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000281973

**Entity Name:** R. GAILEY SPECIALTIES, LLC

**Current Principal Place of Business:**

123 N ORCHARD ST  
UNIT 5-C  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

123 N ORCHARD ST  
UNIT 5-C  
ORMOND BEACH, FL 32174 US

**FEI Number:** 87-1670313

**Certificate of Status Desired:** Yes

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

GAILEY, ELAINE C.  
123 N ORCHARD ST  
UNIT 5-C  
ORMOND BEACH, FL 32174 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 VP/AMBR  
Name GAILEY, TRAVIS S.  
Address 146 PINION CIRCLE  
City-State-Zip: ORMOND BEACH FL 32174

Title AMBR/OWNER  
Name GAILEY, ELAINE C  
Address 123 N ORCHARD ST  
UNIT 5-C  
City-State-Zip: ORMOND BEACH FL 32174

Title VP, AUTHORIZED MEMBER,  
AUTHORIZED REPRESENTATIVE  
Name GAILEY , ASHLEY NOELLE  
Address 123 N ORCHARD ST  
UNIT 5-C  
City-State-Zip: ORMOND BEACH FL 32174

*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:** ELAINE GAILEY

**PRESIDENT**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail Date