

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000275227

**Entity Name:** ALL IN SPECIALTIES, LLC

**Current Principal Place of Business:**

2540 W 84TH ST.  
UNIT 4  
HIALEAH FL, AL 33016

**Current Mailing Address:**

2540 W 84TH ST.  
UNIT 4  
HIALEAH, FL 33016

**FEI Number:** 93-1734403

**Certificate of Status Desired:** No

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

GOMEZ, CHARLES  
7046 W 33 LN  
HIALEAH, FL 33018 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           | MGR              | Title           | MANAGER          |
| Name            | GOMEZ, CHARLES   | Name            | GOMEZ, CARLOS A  |
| Address         | 7046 W 33 LN     | Address         | 7046 W 33 LANE   |
| City-State-Zip: | HIALEAH FL 33018 | City-State-Zip: | HIALEAH FL 33018 |

*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:** CARLOS GOMEZ

**MANAGER**

**01/24/2024**

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

\_\_\_\_\_  
Date