

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000415867

**Entity Name:** SPECHROME LLC

**Current Principal Place of Business:**

1200 RIVERPLACE BLVD  
SUITE 105 1119  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1200 RIVERPLACE BLVD  
SUITE 105 1119  
JACKSONVILLE, FL 32207 US

**FEI Number:** 93-3311840

**Certificate of Status Desired:** Yes

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

CHOUCAIR, AHMAD  
1200 RIVERPLACE BLVD  
SUITE 105 1119  
JACKSONVILLE, FL 32207 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 MGRM  
Name CHOUCAIR, AHMAD  
Address 1200 RIVERPLACE BLVD SUITE 105  
1119  
City-State-Zip: JACKSONVILLE FL 32207

*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:** AHMAD CHOUCAIR

MGRM

01/26/2024

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

\_\_\_\_\_  
Date