

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000168572

**Entity Name:** SPECIAL NEEDS ACCESS POINT, LLC

**Current Principal Place of Business:**

151 N. NOB HILL ROAD  
SUITE 336  
PLANTATION, FL 33322

**Current Mailing Address:**

151 N. NOB HILL ROAD  
SUITE 336  
PLANTATION, FL 33322 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

TOLLEY, RACHEL L  
2600 S. DOUGLAS ROAD  
SUITE 1008  
CORAL GABLES, FL 33134 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 ALLMAN CAPITAL SOLUTIONS  
FAMILY LLLP  
Address 151 N. NOB HILL ROAD STE 336  
City-State-Zip: PLANTATION FL 33322

*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:** CHRISTINA ALLMAN

**MANAGER**

**03/27/2015**

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

\_\_\_\_\_  
Date