

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000192658

**Entity Name:** SPECIAL A CONSULTANTS LLC

**Current Principal Place of Business:**

721 WITHERSPOON LN  
KNOXVILLE, TN 37934

**Current Mailing Address:**

721 WITHERSPOON LN  
KNOXVILLE, TN 37934 UN

**FEI Number: 84-2712633**

**Certificate of Status Desired: No**

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

LYONS, GERALD  
721 WITHERSPOON LN  
KNOXVILLE, FL 37934 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           | CEO                | Title           | CFO                |
| Name            | LYONS, GERALD      | Name            | LYONS, TIAN        |
| Address         | 721 WITHERSPOON LN | Address         | 721 WITHERSPOON LN |
| City-State-Zip: | KNOXVILLE TN 37934 | City-State-Zip: | KNOXVILLE TN 37934 |

*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: GERALD LYONS**

**CEO**

**01/21/2022**

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

\_\_\_\_\_  
Date