

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000044966

**Entity Name:** SPECIAL AIDE LLC

**Current Principal Place of Business:**

8520 GOVERNMENT DRIVE, SUITE 1  
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

8520 GOVERNMENT DRIVE, SUITE 1  
NEW PORT RICHEY, FL 34654 US

**FEI Number:** 84-5148700

**Certificate of Status Desired:** No

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

DOCTOR BIRD TRANSPORTATION LLC  
1543 KISH BLVD  
TRINITY, FL 34655 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 AMBR  
Name DOCTOR BIRD TRANSPORTATION LLC  
Address 8520 GOVERNMENT DRIVE, SUITE 1  
City-State-Zip: NEW PORT RICHEY FL 34654

Title MGR  
Name NELAON, GARY STEVE  
Address 8520 GOVERNMENT DRIVE, SUITE 1  
City-State-Zip: NEW PORT RICHEY FL 34654

*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:** GARY NELSON

MGR

01/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date