

2022 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 | Title | MGR |
| Name | DOCTOR BIRD TRANSPORTATION LLC | Name | NELAON, GARY STEVE |
| Address | 1543 KISH BLVD | Address | 1543 KISH BLVD |
| City-State-Zip: | TRINITY FL 34655 | City-State-Zip: | TRINITY FL 34655 |

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 STEVE NELSON

MGR

02/04/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date