

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90186 003 ****50.00

DOCUMENT # L00000008285

1. Entity Name

SPECIALTY PRODUCTS & SERVICES, LLC



Principal Place of Business

585 SOUTH CR 427, SUITE 121
LONGWOOD FL 32750

Mailing Address

585 SOUTH CR 427, SUITE 121
LONGWOOD FL 32750

2. Principal Place of Business

585 S. Ronald Reagan Blvd.

3. Mailing Address

585 S. Ronald Reagan Blvd.

Suite, Apt. #, etc.
Suite 121

Suite, Apt. #, etc.
Suite 121

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

59-3659158

Applied For

Not Applicable

Zip

32750-5462

Country

USA

Zip

32750-5462

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

HODGES, GEORGE EA
585 SOUTH CR 427, STE 121
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

585 S. Ronald Reagan Blvd.

Suite 121

City

Longwood

FL

Zip Code

32750-5462

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

George Hodges

George Hodges, EA 4/22/03

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

M
METZGER, ALAN B
8369 CITRUS CHASE DR
ORLANDO FL 32836

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Alan B Metzger **ALAN B. METZGER**

APR 25, 2003

407-291-3023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)