

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013353

1. Entity Name

SPECIAL SERVICES, LLC

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90076 014 ****55.00

Principal Place of Business

1216 N MARTIN LUTHER KING JR BLVD
TALLAHASSEE FL 32303

Mailing Address

1216 N MARTIN LUTHER KING JR BLVD
TALLAHASSEE FL 32303

2. Principal Place of Business

1403 Macloy Commerce Dr #1

3. Mailing Address

PO Box 3454

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32312

Leon

32303

Leon

4. FEI Number

59-3683309

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARRAND, TAD C
1216 N MARTIN LUTHER KING JR BLVD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Tad Ferrand

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

(NOTE: Registered Agent signature required when reinstating)

4/3/02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME FARRAND, TAD C
STREET ADDRESS P.O. BOX 3454
CITY-ST-ZIP TALLAHASSEE FL 32315

☐ Delete

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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☐ Addition

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:

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

Date

Daytime Phone #

4/3/02 (850) 894-6900

CR2E083 (9/01)