

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008417

Entity Name: S.D.F. SPECIALISTS, LLC

FILED  
Mar 09, 2005  
Secretary of State

## Current Principal Place of Business:

500 FAWN HILL PL  
SANFORD, FL 32771 US

## New Principal Place of Business:

221 WEKIVA POINT CIRCLE  
APOPKA, FL 32712 US

## Current Mailing Address:

P.O. BOX 308  
WARTBURG, TN 37887 US

## New Mailing Address:

121 DANSWORTH LANE  
OAK RIDGE, TN 37830 US

FEI Number: 59-3011160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERTS, ANNIE  
606 CASA PARK COURT N  
WINTER SPRINGS, FL 32708 US

## Name and Address of New Registered Agent:

AVIDON, MARLENA  
221 WEKIVA POINT CIRCLE  
APOPKA, FL 32712 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: MARLENA AVIDON

03/09/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: AVIDON, SHARON R  
Address: 500 FAWN HILL PLACE  
City-St-Zip: SANFORD, FL 32771

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: AVIDON, SHARON R  
Address: 121 DANSWORTH LANE  
City-St-Zip: OAK RIDGE, TN 37830

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: SHARON R. AVIDON

MGRM

03/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date