

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008417

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

FILED  
Jan 17, 2009  
Secretary of State

**Current Principal Place of Business:**

221 WEKIVA POINTE CIRCLE  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 520850  
LONGWOOD, FL 32752 US

**New Mailing Address:**

FEI Number: 59-3011160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPEGAL, MARLENA  
221 WEKIVA POINTE CIRCLE  
APOPKA, FL 32712 US

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

SPEGAL, MARLENA C  
221 WEKIVA POINTE 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 C SPEGAL

01/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AVIDON, SHARON R  
Address: PO BOX 520850  
City-St-Zip: LONGWOOD, FL 32752

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

01/17/2009

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