

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000008417

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

FILED  
Nov 16, 2011  
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:**

P.O. BOX 2226  
APOPKA, FL 32704 US

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 C  
221 WEKIVA POINTE CIRCLE  
APOPKA, FL 32712 US

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

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: SHARON R AVIDON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AVIDON, SHARON R  
Address: PO BOX 2226  
City-St-Zip: APOPKA, FL 32704

I hereby 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

CEO

11/16/2011

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