


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000028547

1. Entity Name
SPECIALIZED CONSULTING SERVICES, LLC



Principal Place of Business Mailing Address

**880 33RD ST E.
 PALMETTO, FL 34221** **PO BOX 31
 PARRISH, FL 34219**

DO NOT WRITE IN THIS SPACE



01052006No Chg-LLC CR2E083 (11/05)

4. FEI Number 80-0109630	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

**PRESHA-ROZIER, TRINA M
 3420 8TH AVE E.
 PALMETTO, FL 34221**

DO NOT WRITE IN THIS SPACE

9. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

1100000505403
 04/26/06-80115-009 \$5.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRESHA, WALTER SR PO BOX 31 PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESHA-ROZIER, TRINA M 3420 8TH AVE E. PALMETTO, FL 34221
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* 4-7-06 941 704 5387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #