

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

01-12-2006 90037 036 ****50.00

DOCUMENT # L05000084465 1. Entity Name SPECIAL SERVICES, LLC					
Principal Place of Business 944 4TH STREET NORTH 800 SAINT PETERSBURG, FL 33701			Mailing Address 944 4TH STREET NORTH 800 SAINT PETERSBURG, FL 33701		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 38-3726302				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01052006 Chg-LLC CRZE083 (11/05)	
6. Name and Address of Current Registered Agent FUDGE, FELIX D 944 4TH STREET NORTH 800 SAINT PETERSBURG, FL 33701				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>F D Fudge</i></u> <u><i>F D Fudge</i></u> <u><i>1/6/06</i></u> <small>Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent Signature required when resigning)</small>					
Filing Fee is \$50.00 Due by May 1, 2006 <i>SS, LLC</i>				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FELIX FUDGE TRUST 944 4TH STREET NORTH, SUITE 800 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u><i>F. D. Fudge</i></u> <u><i>F D Fudge</i></u> <u><i>727-894-1717</i></u> <u><i>1/6/06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

SS, LLC



ATTACHMENT
30000210

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2006

SPECIAL SERVICES, LLC
944 4TH STREET NORTH
800
SAINT PETERSBURG, FL 33701

Subject: SPECIAL SERVICES, LLC

Reference Number: **L05000084465**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION