

M15000002858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

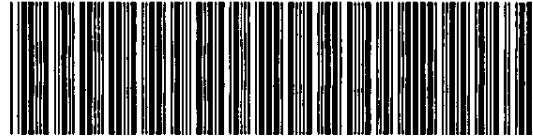
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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FILED  
16 MAY 24 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 27 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2016

TRISHA GEORGE  
3109 LITHIA PINECREST ROAD  
VALRICO, FL 33596

SUBJECT: SPECIALTY ADMINISTRATION SERVICES LLC  
Ref. Number: M15000002858

We have received your document for SPECIALTY ADMINISTRATION SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 716A00009855

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPECIALTY ADMINISTRATION SERVICES  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Trisha George

Name of Person

Specialty Administration Services

Firm/Company

3109 Lithia Pincrest Rd

Address

Valrico, FL 33596

City/State and Zip Code

trisha@saspros.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trisha George

Name of Person

at ( 813 ) 609-5204

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Specialty Administration Services LLC

Enter new principal office address, if applicable:

(Principal office address

MUST BE A STREET ADDRESS)

3109 Lithia Pinecrest Rd  
Valrico FL 33596

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

3109 Lithia Pinecrest Rd  
Valrico FL 33596

2. The Florida document number of this limited liability company is: M15000002858

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 04/17/15

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

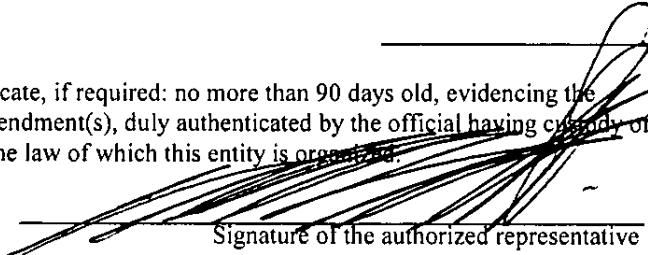
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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			<input type="checkbox"/> Add
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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Jeffrey Dobish  
Typed or printed name of signee

Filing Fee: \$25.00