# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0300008417

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

#### **Current Principal Place of Business:**

508 NARROW VIEW LANE GROVELAND. FL 34736

## **Current Mailing Address:**

P.O. BOX 517 MINNEOLA, FL 34755 US

# FEI Number: 59-3011160

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

AVIDON-KINDER, SHARON 508 NARROW VIEW LANE GROVELAND, FL 34736 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: SHARON AVIDON-KINDER

#### Authorized Person(s) Detail :

Name AVIDON-KINDER, SHARON R Address P.O. BOX 517 City-State-Zip: MINNEOLA FL 34755

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHARON AVIDON-KINDER

MGMB

07/24/2019 Date

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Jul 24, 2019 Secretary of State 1285099686CC

Certificate of Status Desired: Yes

07/24/2019 Date

# Electronic Signature of Registered Agent

Title MGRM