

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008417

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

Current Principal Place of Business:

221 WEKIVA POINTE CIRCLE
APOPKA, FL 32712

Current Mailing Address:

P.O. BOX 2226
APOPKA, FL 32704 US

FEI Number: 59-3011160

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPEGAL, MARLENA C
221 WEKIVA POINTE CIRCLE
APOPKA, FL 32712 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name SPEGAL, MARLENA C
Address PO BOX 2226
City-State-Zip: APOPKA FL 32704

Title MS.
Name AVIDON, SHARON R
Address 221 WEKIVA POINTE CIRCLE
City-State-Zip: APOPKA FL 32712

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: MARLENA C SPEGAL

**NATIONAL AUDIT
DIRECTOR**

01/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date