I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature sha oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report	
that my name appears above, or on an attachment with all other like empowered.	

SIGNATURE	· SHARON	ROCHEL	

MGMB

04/18/2024 Date

2024 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:**

**508 NARROW VIEW LANE** GROVELAND, FL 34736 US

## FEI Number: 59-3011160

## Name and Address of Current Registered Agent:

KINDER, SHARON ROCHELLE 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 R KINDER			04/18/2024		
	Electronic Signature of Registered Agent			Date		
Authorized Person(s) Detail :						
Title	MGMBR	Title	MANAGER			
Name	KINDER, SHARON R	Name	AVIDON, MONTGOMERY SCO	ТТ		
Address	508 NARROW VIEW LANE	Address	411 CIDERMILL ROAD			
City-State-Zip:	GROVELAND FL 34736	City-State-Zip:	LAKE MARY FLORIDA FL 327	46		

SIGNATURE: SHARON ROCHELLE KINDER

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 18, 2024 Secretary of State 8518632774CC

Certificate of Status Desired: Yes