

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000008417

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

**Current Principal Place of Business:**

255 PRIMERA BLVD  
#160  
LAKE MARY, FL 32746

**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:**

FORESTER, BAUGHMAN & LEFKOWITZ  
2200 LUCIEN WAY #405  
APOPKA, FL 32704 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:** GARY FORESTER

06/19/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name AVIDON, SHARON R  
Address P.O. BOX 2226  
City-State-Zip: APOPKA FL 32704

*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

MANAGING MEMBER

06/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date