

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000031063

**Entity Name:** SPECIAL ABILITY SERVICES LLC

**Current Principal Place of Business:**

739 39TH STREET  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

PO BOX 332  
LOXAHATCHEE, FL 33470 US

**FEI Number: 82-4329049**

**Certificate of Status Desired: No**

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

SANTANGELO, SEMANTHA  
1021 C. ROAD  
LOXAHATCHEE, FL 33470 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            PRES  
Name            SANTANGELO, SEMANTHA  
Address        PO BOX 332  
City-State-Zip: LOXAHATCHEE FL 33470

Title            V PR  
Name            ANDERSON, CARRON  
Address        PO BOX 332  
City-State-Zip: LOXAHATCHEE FL 33470

*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: SEMANTHA SANTANGELO**

**PRESEIDENT**

**04/05/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date