

2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L19000237225

Entity Name: SOCIAL SECURITY DISABILITY ATTORNEY, P.L.L.C.

Current Principal Place of Business:

217 SE 1ST AVENUE
SUITE 200
OCALA, FL 34471

Current Mailing Address:

9541 SE 124TH LOOP
SUMMERFIELD, FL 34491 US

FEI Number: 84-3295918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSS, MICHAEL L
8720 SW STATE RD 200
SUITE 11
OCALA, FL 34481 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: MICHAEL ROSS

03/12/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ROSS, MICHAEL L
Address 217 SE 1ST AVENUE
SUITE 200
City-State-Zip: Ocala FL 34471

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: MICHAEL LOUIS ROSS

OWNER

03/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date