**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 14, 2025**
**Secretary of State**
**5119190095CC**

DOCUMENT# L21000097189

**Entity Name:** TIER 1 SPECIALIZED SERVICE LLC

**Current Principal Place of Business:**

235 N WESTMONTE DR
127
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

235 N WESTMONTE DR
127
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 86-2698803**

**Certificate of Status Desired:** No

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

PASTOR, STEVEN
4530 S ORANGE BLOSSOM TRAIL
975
ORLANDO, FL 32839 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 | CEO |
| Name | PASTOR, STEVEN |
| Address | 10213 FALCON PINE BLVD<br>205 |
| City-State-Zip: | ORLANDO FL 32829 |

*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: STEVEN PASTOR CEO 01/14/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date