

L11000041027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 18 2015

Y BULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CREA Speech & Language therapy llc .
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

CREA Speech & Language therapy llc
Firm/Company

3291 SW 26 TH STREET
Address

Miami , FL 33133
City/State and Zip Code

creatherapyllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martínica Barrionuevo at (786) 344-8175
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 SEP 16 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 13, 2015

MARTINICA BARRIONUEVO
3291 SW 26TH STREET UNIT 1
MIAMI, FL 33133

SUBJECT: CREA SPEECH AND LANGUAGE THERAPY, LLC
Ref. Number: L11000041027

We have received your document for CREA SPEECH AND LANGUAGE THERAPY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 115A00017130

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CREA Speech & Language therapy
Unit 1
2. (a) 3291 SW 26th Street, Miami, FL 33133 (b) 3291 SW 26th St, Unit 1, Miami, FL 33133
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 4/4/2011 Date of filing/registration in Florida 4. L 11000041027 Document number

5. (a) Martínica Barrionuevo / CREA Speech & Language therapy LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2368 SW 26th St, Miami, FL 33133
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

- (b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

3291 SW 26th St, Unit 1

Miami, FL 33133

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Martínica Barrionuevo
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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TALLAHASSEE, FLORIDA