

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000005657

Entity Name: LOGOS SPEECH THERAPY, LLC

Current Principal Place of Business:

945 NE 121 ST
NORTH MIAMI, FL 33161

Current Mailing Address:

945 NE 121 ST
NORTH MIAMI, FL 33161 US

FEI Number: 27-1680136

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADAMS, NANCY P
945 NE 121 ST
NORTH MIAMI, FL 33161 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 MGRM
Name ADAMS, NANCY P
Address 945 NE 121 ST
City-State-Zip: NORTH MIAMI FL 33161

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: NANCY P. ADAMS

OWNER

01/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date