

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000031837

**Entity Name:** LET'S COMMUNICATE SPEECH THERAPY, LLC

**Current Principal Place of Business:**

8740 SW 124 ST  
MIAMI, FL 33176

**Current Mailing Address:**

8740 SW 124 ST  
MIAMI, FL 33176 US

**FEI Number:** 45-4716672

**Certificate of Status Desired:** No

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

CAMPS, ELAINE M  
8740 SW 124 ST  
MIAMI, FL 33176 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	MGR	Title	MEMBER
Name	CAMPS, ELAINE M	Name	DEL TORO, E J
Address	8740 SW 124 ST	Address	8740 SW 124 ST
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI FL 33176

*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:** ELAINE CAMPS

**MGR**

**04/29/2014**

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

\_\_\_\_\_  
Date