

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000098161

Entity Name: MASTER SPEECH CLINIC, LLC

Current Principal Place of Business:

200 WAYMONT COURT
SUITE 126 - 11
LAKE MARY, FL 32746

Current Mailing Address:

P.O. BOX 951586
LAKE MARY, FL 32795-1586 US

FEI Number: 46-0826819

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YAGUDA, KIYA J
346 HANGING MOSS CIRCLE
LAKE MARY, FL 32746 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
Name YAGUDA, KIYA J
Address 346 HANGING MOSS CIR
City-State-Zip: LAKE MARY FL 32746

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: KIYA J. YAGUDA

MANAGER

04/02/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date