

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000089736

**Entity Name:** TS SPEECH THERAPY SERVICES, LLC

**Current Principal Place of Business:**

6605 HERITAGE LANE  
BRADENTON, FL 34209

**Current Mailing Address:**

6605 HERITAGE LANE  
BRADENTON, FL 34209

**FEI Number: 38-3910697**

**Certificate of Status Desired:** No

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

GOUDY, TAMARA K  
6605 HERITAGE LANE  
BRADENTON, FL 34209 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:** TAMARA K. GOUDY

01/25/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GOUDY, TAMARA K  
Address 6605 HERITAGE LANE  
City-State-Zip: BRADENTON FL 34209

*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:** TAMARA GOUDY

MANAGER

01/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date