

2014 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:

SPYKER, 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name SPYKER, 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 SPYKER

MANAGER

01/12/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date