

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000061414

**Entity Name:** CNC BILINGUAL SPEECH THERAPY SERVICES PLLC

**Current Principal Place of Business:**

CLAUDIA N. CORON  
5033 N.W. 7TH STREET, SUITE 302  
MIAMI, FL 33126

**Current Mailing Address:**

CLAUDIA N. CORON  
5033 N.W. 7TH STREET, SUITE 302  
MIAMI, FL 33126

**FEI Number:** 46-5448089

**Certificate of Status Desired:** Yes

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

CNC BILINGUAL SPEECH THERAPY SERVICES  
5033 NW 7TH STREET  
APT #302  
MIAMI, FL 33126 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:** CLAUDIA NICOLE CORON, M.S. CCC-SLP

10/11/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CORON, CLAUDIA N  
Address 5033 N.W. 7TH STREET, APT. 302  
City-State-Zip: MIAMI FL 33126

*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:** CLAUDIA N CORON

MGRM

10/11/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date